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VOLUME III.

T. P. WILSON, M. D., General Editor.

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T. P. WILSON, M. D., GENERAL EDITOR.

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ALL aboard for Put-in Bay! and this in a very literal sense for the island can be reached by boats only. The American Institute of Homœopathy begins its next session there June 15th. From Cleveland, Sandusky, Toledo and Detroit steamers will carry passengers to this delightful summer resort. We hope the attendance will clearly demonstrate the wisdom of holding the Institute at such resorts rather than in any of our large cities.

MEDICAL ETIQUETTE! Yes, we venture to make a passing remark upon this obsolete theme. True it has no place in our modern philosophy of evolution. Doctors are expected to meet doctors just as Greek met Greek, and then the fittest only may survive. Still a beginner in medical practice has to meet the question, and go through it as children do measles and teething. The attack is over as soon as gray hairs come—sooner perhaps. And thence forward a sublime indifference of other people's rights takes full possession of the soul. One would think our college professors might prolong this particular phase of their adolesence, and be able to teach good manners to their students. But they don't. At least they never attempt to give instruction in medical etiquette, and if the truth were known, perhaps, they would not be found any too well informed on the subject or any too

careful in their practices. Medical etiquette as a study has dropped out of the college curriculum, and before it has wholly dropped out of fashion we might well have a small revival of the question and thus pay some homage to the virtues of the fathers of medicine.

An Important (?) Medical Issue.

Medical schools are supposed to be founded on some radical differences of opinion and practice. We can speak definitely on this point for the homœopathic school. It stands pledged to the law of *similia similibus curantur* or nothing. The single remedy and the minimum dose are almost equally a part of our system in the minds of many, and are by all held as desirable when possible. The eclectic school of medicine is in age and numerical strength not greatly differing from the homœopathic school. It has always been characteristically demonstrative and aggressive. There is not entire uniformity among the leaders of that school in matters of detail, but they have fundamental principles upon which they all stand alike. The Medical Eclectic for January gives us the corner stone doctrine as it understands it at least. Here it is:

"Reformed Medicine is an assertion of individual right, as against the assumptions of a Medical Sacerdotism; a Declaration of Independence from a Practice and Code of Ethics born of Medieaval barbarity and baptised with the spirit and and fire of religious bigotry and political despotism. Its work, therefore is to remake the entire structure: the former things must pass away."

This reminds us of an occasional Fourth of July which we have have attended and of hearing the Declaration of Independence so eloquently read that our blood fairly boiled with patriotism and we were filled with rage toward the "blarsted Britishers" for their tyranny toward us. The attack was brief however and before the sun went down on our wrath we became conscious of the fact that it was our fathers whom they tried to enslave and not us. Defiance of that sort is cheap when there is no one to defy. There is nothing in the issue as thus presented. Both law and custom give us the largest liberties. There isn't a particle of danger that the American Medical Association or Dr. Smith's proposed Medical Counsel or any other society or corporation will ever put shackles upon our hands or yokes upon our necks. The cry is puerile.

We don't want any more liberty, we want only wisdom to use our liberty to a good purpose. If our eclectic brethren would drop this old obsolete dead issue of liberty and set themselves to work improving medical art they would progress much faster than they do. This some of them have already done. Scudder leads a growing class whose eyes are open to living

issues and they are destined ultimately to be if they are not already the dominant part of that school. But men like Wilder, Newton, and Garrison, though intelligent and able, are strugling with issues that are long since passed away. In an editorial in the same number the editor asserts that "Specific Medication" and "Specific Diagnosis" "are novelties." Having "belonged to the eclectic school from youth till gray hairs" still he never heard of such things until he saw them spoken of in the examinations of the homœopathic board of the University of New York. This is lamentable if true.

Samuel Thompson.

Honor to whom honor is due. That is one of our mottoes. We talk of Samuel Hahnemann sometimes as though he was the sole creator of medical sciences, and we have reason to be proud of him. But what do we know of this other Samuel who lays no small claim to medical honor? Samuel Thompson and his followers, the Thompsonians, are best known as objects of pity or ridicule. That is because we are ignorant of their many virtues. Did we know the real character of the heroic old leader who fought so persistently and successfully the dominant medical school of his day, and so led the way to reform, we would doubtless hold his much despised name in genuine reverence. Here is what one of his enthusiastic admirers say of him:

"Poor old Samuel—peace to his ashes—drew it pretty strong in relation to temperature. A cursory reader, after perusing his pages, would be likely to conclude that about all worth living for was 98° and upwards, Fah. Impressed by the stress put upon heat, the cold corpus which could have its temperature raised in an oven to 98° would have little to complain of—nothing in fact save the trifling item of death. Gastric and intestinal cremation effected by such agencies as cayenne pepper and No. 6, seemed to constitute the *ne plus ultra* of medical art in the estimation of the revered old pioneer. But with all his crude theorizing, he struck a method of practice which gave the medical world a hundred year hitch toward perfection in the science of cure, and he started a wave of reform which will roll and swell through all time and break when it does break, coevally with the crack of ultimate doom. Whether Samuel was sent of God to stay medical murder or was evolved from the stress of a natural medical want, or simply took root accidently in pepper and lobelia, he grew into a tower of strength, and Justice has added his to the roll of immortal names.—*Medical Review.*

Homœopathy and Allopathy, as Respects the Patient, the Disease, the Remedy and the Law. By Wm. H. Holcombe, M. D.

The allopathic school makes some vague modification of treatment according to age, sex, idiosyncrasy, and constitutional inheritance; but, as a general fact, it has devoted itself to the study of the *disease*, and not of the *patient*. It is a modern, and almost exclusively a homœopathic idea, to study the mental and physical peculiarities of the patient as a guide to the selection of the proper remedy in his case. What matters it to the allopathic physician whether his patient is blue-eyed or black-eyed, fair-skinned or dark-skinned, vivacious or melancholy, irritable and choleric, or timid and tearful, lean or corpulent, sanguine or bilious? What matters it if grief or fear, or jealousy or chagrin, or any other mental emotion, is preying on his mind? What notice does he take of all the little personal habits, the peculiar tastes, the morbid fancies, the strange sensation, the unaccountable idiosyncrasies, so important to the individual, so insignificant in the eyes of science?

Incapable of utilizing, according to *his* method, these merely personal facts, he pronounces them trivial or absurd. But every one of these things is important. They are deep-rooted and fundamental facts in the organization of the man. These personal minutiæ differentiate one human being from another. They frequently lead the homœopathic physician to the choice of the best remedy, and enable him to make the most brilliant cures.

Homœopathy alone has properly enlisted psychology as a help in the field of practical medicine. Homœopathy alone recognizes that the life of man is the compound result of coexisting spiritual and natural forces. Allopathy concerns itself chiefly with the physical side of life, leaving the mental and spiritual side to the metaphysicians and the theologians. Homœopathy indorses the teaching of Coleridge, that man is essentially a unit, in whom soul and body are the positive and negative poles, mutually acting and reacting on each

other. This leads the homœopathic physician to give every patient a special psychological study, which bears glorious fruit in the treatment of disease being utilized in the treatment and cure of insanity.

The vast acquisitions in physiology and pathology which characterize the present century, have been made almost entirely by the allopathic school. So deeply are we indebted to that school for these important discoveries, that we are obliged, in justice to ourselves and our patient, to take their journals and buy their books, in order to keep up with the general progress of medical science. But Homœopathy, in the meanwhile, by reconstructing the materia medica and the practice of medicine, has rendered a still greater service to science and humanity. It appropriates and utilizes everything which Allopathy acquires. The allopathic school, on the other hand, misled by false theories and vicious reasonings, makes no valuable use of the facts it accumulates. It is the jackall purveying for the lion.

Conceding that we owe to Allopathy our best knowledge of disease in general, we affirm that we have introduced a method of studying each particular case of disease which is far more productive of valuable results than any method hitherto used. We have learned, that next to the law of cure, the greater secret of cure is to *individualize* our cases of disease; to discover, not what is common to all cases of a given disease, but what is uncommon, peculiar, idiosyncratic, and thoroughly individual to the one case under treatment. We have no specifics for pneumonia, dysentery, or intermittent fever. Every case of these diseases presents a combination of symptoms peculiarly its own and requiring its special remedy. The facts, for instance, that the sputa are yellow or rusty colored, that the cough is attended with a pain in the back or an effort to vomit, that the chill is accompanied by intense thirst or no thirst at all, will determine our choice for one remedy or another, and so on, with infinite variety.

So thoroughly analytical and philosophical is this method, that Homœopathy, instead of being the grave, it is truly the

cradle of medical science. Any man of common sense can see that a system which prescribes carefully for the special combination of symptoms occurring in the particular constitution under treatment, is far more scientific, and must be more successful, than one which orders *Quinine* for everybody with intermittent fever *Calomel* for everybody with dysentery, and blood-letting for everybody with pneumonia. This may be an exaggerated statement, but it illustrates the fact that it is the tendency of Allopathy to generalize and unify, whilst it is the tendency of Homœopathy to differentiate and to individualize; for which reason alone, if no other existed, the probabilities of scientific truth lie strongly with the latter.

It is in the department of the remedy that the superiority of Homœopathy shines out with special lustor. We have discovered, or rather created, a new materia medica by a new process almost utterly, unknown to the allopathic school. By experimentation upon healthy men and animals, we have acquired a deep and clear conception of the morbid action of drugs. Not only have we added to the catalogue of therapeutical agents scores of remedies of which our opponents are still ignorant, but we have studied from a better and more scientific stand-point most of their own remedies, and can use them in smaller doses, and on a different principle, far more effectually than they have been able to do. By the recognition of the great fact, the same drug is destructive or disease-producing in the large dose, and restorative or health-producing in the small dose, we have extracted the sting from physic, so that the dose which a child can swallow with impunity will bring relief to the strong man in his agony.

The poverty of allopathic information about drug-action is truly humiliating. The school, for instance, regards *Colocynth* as a mere purgative, seldom used alone, on account of severe griping it produces. Its real knowledge of that drug can be summed up in ten lines. The Homœopath knows that *Colocynth* produces colic, diarrhœa, dysentery, sciatica, pneumonia, facial neuralgia, toothache, arthritic ophthalmia,

asthma, and a mental condition curiously compounded of anger, indignation, and chagrin; and that all these derangements of the system have their special forms and combinations, by which they are distinguished from similar disturbances produced by other drugs. The homœopathic materia medica is, indeed, such a world of marvels and mysteries to the average Allopath, that he gets over the difficulty of explaining its mighty problems, by denying or ignoring its existence.

But, gentlemen, our superior knowledge of the patient, the disease and the remedy would be void of any great practical result, if we did not have a fixed principle upon which to conduct the cure. Allopathic practice consists of methods of cure, or of treatment designed to cure, founded upon certain theories of disease and of drug-action, and ever shifting with the fashionable opinions of the day. Mark you, there is first a *theory* of disease—like enough to be reversed by the next generation of thinkers. Next, there is a *theory* of drug-action not derived from experiment upon the healthy, but upon the sick. Allopathy rests upon these two *theories*. Its foundations are unstable, for the theories are perpetually shifting. Homœpathy, on the contrary, is founded on two *series of facts*—the simple phenomena of disease, just as they stand in nature, unexplained by crude medical theories, and the morbid effects of drugs, just as they are produced by experiment on the healthy man. *Colocynth*, for instance, is given in sciatica, when the physician discovers in the natural disease a clear image of the artificial one produced by that drug. Finding a drug which affords a parallel to the disease under treatment, the homœopathic physician cures his patient without employing any mental process of theory or speculation whatever.

This is not the place to prove "similia similibus" is a great natural law of cure. This is continually being demonstrated and verified by the methods and results of homœopathic practice. But any one can see that when the whole profession is guided by one fixed principle, and all its energies directed in the same channel, we may naturally

aintcipate the progressive development of the science. For the want of a guiding law, allopathic practice tends always to variation or diversity of plans of cure, while, through its guiding principle, Homœopathy leads more and more to harmony and scientific precision.

Is it not strange that, in a practical age, a system so thoroughly practical, so clearly established by observation and experiment, those faithful handmaids of science, appealing only to *facts* for its support and confirmation—is it not strange that this system should have been denounced as a baseless vision, as transcendental moonshine, or, in the language of a French wit, as "a theory founded upon a phantasy"?

It is difficult for man to discover the truth; and often, alas more difficult for him to recognize it after it has been discovered.

To sum up: The modes or methods of studying the patient, of analyzing the disease, of selecting the remedy, and of applying it to the particular case, are so much more thorough and scientific in the homœopathic than in the allopathic school, that the superior success of the one, when compared with the other, can always be made, under proper conditions, the subject of mathematical demonstration.

Nothing whatever has been said of the doses in which our remedies are given, because, in the first place the homœopathic *principle* is independent of the *dose*, and because, in the second place, the efficacy of small doses can never be determined by argumentation, but only by experiment.

So much for Homœopathy proper—Homœopathy pure—the triumphant reform of the present age, the surely predominant medicine of the future. So much for the points in which the schools differ. Is there nothing in which they agree? Is there no neutral ground on which they both stand? Is Allopathy only curative by means of the little homœopathic leaven its practice contains? Has it no curative element of its own?

Let us concede to the allopathic school everything which it fairly deserves. Let us acknowledge that the homœopathic

law is not applicable to all cases of disease, and does not cover or comprehend every means of cure. There are conditions, modes, and processes of cure which do not rise to the dignity and universality of law, and yet which, in the present imperfect state of our knowledge, are of unquestionable value. We have discovered, and we utilize every day, *one* great law of cure. However extensive its range and glorious its results, let us not rashly affirm that it is the *sole* law of cure. When we consider the immensity and profundity of nature, and the small ratio which the discovered bears to the undiscovered, we ought to be ashamed to harbor the thought that we attained the *ultima thule* of medical discovery.

Conceding, then, that there are certain unqeustionable means and instruments of cure outside of and irreducible to the homœopathic law, what is the professed homœopathic physician to do about it? Is he to use them or not?

Here arises a question, not only of utility, but of ethics and morals. Some people suppose that a physician professing belief in the homœopathic law, is obliged to *limit* his practice strictly to the application of that law. He is not to administer a purgative, or to give an opiate, or to prescribe quinine, or to recommend mineral water under any circumstances, without in some way incurring the suspicion of sailing under false colors, of having deserted his creed and betrayed his principles.

To those who can not rise above the mere partisan spirit of cliques and schools, this may seem to be a righteous judgment. The man, however, who is loyal only to nature and to truth, regards such restrictions as sheer impertinence, and claims everything which *cures*, be the process explainable or not, as inalienably his own. He is astonished at the blindness and bigotry of the magnates of the old school, who permit the grandest treasures of the curative art to lie unrecognized before them. He sets them a nobler example. He cultivates assiduously his own special field of science, but if he finds any residuum of truth or usefulness in Allopathy or any other system, he asks no man's permission to use it; but, acknowl-

edging its source, appropriates it by a divine right as the legitimate property of every healer of the sick.

Such are the men who have done the most to advance the healing art, and who have thrown the sword of truth into the scale of Homœopathy. Such men are the safest and most successful practitioners. These men have achieved our statistical victories. The exclusivists, the dogmatists, the illiberals of both schools, are deficient in the broadest culture, are biased in judgment, conceited in opinion, and unreliable in practice.

The homœopathic physician, according to my conception of his character and obligations, is a physician in the highest sense of the word. He accepts the designation of homœopath, not because Homœopathy includes the whole science of medicine, but because it *does* include the best and most useful part of it, and because he is so deeply convinced of its truth, that if men *will* absurdly divide into cliques and parties on matters of opinion, he is ready to range himself on its side and fight under its banner. But he is a physician first and a Homœopath afterward. He is an earnest and humble student and disciple of nature, drawing from her infinite laboratory the principles and the instruments of his art. In the majestic presence of the mighty mother of men and things, he disdains the littleness of sect and the dictations of party. He floats the free flag of science, with his beloved Homœopathy in the central field, and room for every good thing in the borders.

Bond Street Homœopathic Dispensary.—This well known institution, founded by Dr. Otto Fullgraff in 1855, makes a fair showing of its work. In one year nearly 100,000 prescriptions were made, besides 3000 outdoor visits made. But the expenses are accumulating a debt that should be wiped out or this grand source of relief for the poor must close its doors.

Holcombe's Clinics.

Clinical Observations. By Wm. H. Holcombe, M. D.

PRIMARY CHRONIC MALARIAL POISONING.—This is a case of *malarial* poisoning, because the patient has resided for several years in a low, damp region where intermittent fevers are very prevalent, and because his whole system is in a certain abnormal state not clearly referable to any other cause. It is *chronic*, because it has been very gradual in its development. It is *primary* because he has never suffered from any attack of intermittent or remittent fever. The *secondary* and far more common form of this disease is always preceded by severe and recurring attacks of periodical fevers.

Why do I call this *malarial* poisoning? Look at the symptoms, enlargement of the spleen, reaching an inch or an inch and a half below the ribs; slight tumefaction and tenderness of the liver; pale and sallow complexion; frequent headache and dizziness, loss of appetite and strength, hypochondria; easily fatigued by going up stairs or on exercise; singularly unrefreshing slumbers; sweats on the slightest provocation; constant lassitude; pain in the back with occasional excessive urination; and all this continuing and almost imperceptibly increasing for several months without any distinct appearance of either chill or fever. He has taken no quinine.

The favorable points in this case which enable me to prognosticate a speedy cure are these: That the splenic tumor is soft and not hard; that the liver (a far more important organ than the spleen) is not so much affected; that there is no diarrhœa; no albumen in the urine (for chronic nephritis is here a dangerous complication) no dropsical effusion anywhere, and no marked emaciation. The poison has disturbed the function of hematosis or blood-making producing anæmia, and has exercised a deleterious influence on the nerve centers of organic life, but it has not yet occasioned any serious or at least fatal organic lesion.

This man would perhaps get well without medicine, if he could leave his present habitat for pure mountain or sea air, enjoying at the same time a varied and nutritious diet. As that is impossible, I recommend him to sleep in the upper story and not the lower of his house; to avoid the night air and damp weather; to drink no water but that which has been filtered through charcoal; to wear flannel next to his skin, and to take a tepid bath followed by friction with a coarse towel every day. I prescribe for him the first decimal trituration of the *Citrate of Iron* and *Quinine*, 3 grs. at a dose, before each meal and at bed time; to be continued for two weeks, and then given night and morning for one month.

It is only by prolonged treatment that we can effectually cure these insidious and complicated chronic diseases. If the remedy now chosen fails to make an impression in a fortnight, I shall probably remind you of two others, which I have found exceedingly valuable in these cases of chronic malarial poisoning. These are the *Arseniate of Quinine* and and the *Arseniate of Iron.* I use them in the first centesimal trituration, not the decimal, for there is too much *Arsenic* in them for that. I prefer the former when the nervous system is more deeply implicated than the organic; and the latter when the anæmia seems to be the preponderating element in the pathological state.

Passing from this very low-dilution Homœopathy to the higher realms of our art, I may say that *secondary* chronic malarial poisoning, showing itself by repeated attacks of intermittent fever or dumb ague, is frequently and brilliantly cured by *Arsenicum* and *Natrum Muriaticum* of the 200th attenuation. These remedies are so much alike in their relations to this morbid condition, that I generally alternate them night or morning or every three hours according to the urgency of the case. Where it is advisable to select one or the other and give that alone, the following guiding symptoms to the selection will be found trustworthy:

Arsenicum.—Anxiety and irritability predominate in the mental spheres; prostration shown by muscular weakness white, waxy complexion, congestion of the abdomen during the paroxysm; predominant diarrhœa.

Natrum Muriaticum.—Apathy and despondency predominate in the mental sphere; prostration shown by easy and excessive perspiration; yellow dingy complexion; congestion to the head during the paroxysm—predominant constipation.

HEMORRHAGE FROM THE FINGER.—Two weeks ago I reported a case, and a very curious one, of considerable hemorrhage from the ball or anterior surface of the middle finger. The hemorrhage was preceded by the appearance of a very small red spot or pimple which burst on washing the hands and bled profusely. The hemorrhage recurred every day on washing the hands and amounted to a half a teaspoonful each time before it ceased. It had been going on for ten or twelve days when I saw the patient. There was nothing visible but a slight depression and a little orifice as fine as the point of a pin. The patient was a lady, tall, slender, middle-aged unmarried and of a tuberculous family. I had a dim recollection of reading in some of the journals of a similar case, reported, I think, by Prof. H. N. Guernsey, and cured by *Phosphorus* 200th. That remedy was selected on the symptoms reported in the pathogenesis, "considerable hemorrhage from very slight wounds."

I gave *Phosphorus* 200th six globules three times a day, and I am happy to state that on the third day, the hemorrhage had entirely disappeared.

FEVER; AND FEVER REMEDIES.—This is nothing but simple fever—nothing but the four elementary constituents of fever —increased temperature, accelerated pulse, hurried breathing, hot and dry skin. There is no localization at present, no development even as to type or form. We can not predict certainly whether it is going to be intermittent or remittent or typhoid or some eruptive fever, or some local inflammation about to manifest itself. What are we to do? Put the child to bed, give it a foot-bath, and administer *Aconite* 1st dilution until the true nature of the case unfolds itself.

It seems to us that with so many and curious fever symptoms in the pathogensis of almost every homœopathic remedy,

we diagnosticate very poorly between the various claimants, and have but few reliable fever remedies. These few are exceedingly valuable: *Aconite*, *Belladonna*, *Baptisia*, *Bryonia*, *Eupatorium*, *Gelseminum*, *Rhus Tox* and *Veratrum Viride* are our Samsons in this line. Even here also the local manifestations in some of these cases greatly overshadow the pure general febrile action of the drug. For instance cerebral congestion is so strongly marked in *Belladonna* that it becomes a brain remedy rather than a fever remedy. *Bryonia* is similarly allied to inflammations of the serous membranes, *Rhus* to rheumatism and erysipelas, *Eupatorium* to bilious intermittents, and *Gelseminum* to muscular prostration and nervous excitability dependent on weakness.

Aconite, *Baptisia* and *Veratrum Viride* remain as our purest types of the fever remedy. The key notes of these three great remedies have been pretty clearly fixed in my mind as the following:

Aconite.—Great dry heat, intense thirst and incessant nervous restlessness. Patients who lie quiet and cheerful, or who sleep snugly covered up, do not require *Aconite.*

Veratrum Viride.—Fever accompanied by severe vomiting and muscular pains, and that strong agitation of the heart and arteries which, in delicate organizations, announces impending danger of convulsions. It is here far more reliable than *Belladonna.*

Baptisia.—Adynamic fevers, dusky face, dry lips and tongue, stupor, finishes half a sentence and falls asleep.

The conjunction of bone pains and bilious vomiting makes *Eupatorium* a valuable remedy in autumnal fevers.

CHRONIC NASAL CATARRH.—This is one of the most distressing cases of this very annoying disease I have met with. This fine looking young woman had typhoid fever three years ago, after which this disease rapidly developed itself. It has been injuriously treated by irritating injections and douches. The discharge is very considerable and very fetid, and the pain throughout the head and face greater than I have ever before seen in a case non-syphilitic in character. *Mercurius*,

Aurum, *Hepar Sulphur*, *Kali Bichromicum* and other remedies have been faithfully tried and in vain. There has been some mitigation of late from the use of *Kali Sulphuricum*, one of the Schuessler tissue remedies. The headache and facial pains have been decidedly improved by *Nitric Acid* and *Kalmia*. It is sometimes astonishing how promptly a headache, really due to nasal catarrh is sometimes relieved by *Nitric Acid*. I give it in the 2d decimal dilution.

Local applications had been tried here *ad nauseam*—from salt and water and the glycerole of *Hydrastis* to the lunar caustic. I recommend the atomization of the *Permanganate of Potash*, 1st decimal. The *Sulphate of Potash* (*Kali Sulph.*) is more efficacious in these cases by gargling and inflation than the *Chlorate* or than the solution of the *Chloride of Sodium*.

I can not promise this patient any speedy relief. I never promise to cure a case of chonic nasal catarrh at all. It frequently baffles our utmost effort. When you hear a man boasting of his prompt and brilliant cures of nasal catarrhs, suspect him of great ignorance or of something still worse.

VERTIGO.—This gentleman complains of great dizziness, fear of falling, etc., and traces it to a chew of tobacco which he took the other day when riding in the railroad cars. I prescribe for him *Lachesis* 6th, because I have found by experience that *Lachesis* obviates many of the poisonous effects of tobacco. It is particularly in the deranged condition of the heart, and the vertigo resulting therefrom, that *Lachesis* shows this power. *Digitalis* 3d, also by strengthening the muscular fibers of the heart relieves the cerebral disturbance which is really of cardiac origin.

Vertigo of purely cerebral origin finds its best remedies in *Agaricus*, *Argent. Nitricum*, *Conium*, *Cocculus*. The key notes to their use are the following:

Agaricus.—Vertigo as from intoxication, with muscular tremblings.

Argent. Nitric.—Vertigo with pains in the head and confusion of thoughts.

Conium.—Vertigo on lying down or even turning in bed.

Cocculus.—Vertigo with great nausea like sea sickness.

Vertigo from derangements of the stomach and liver are most frequently relieved by *Nux Vomica* and *Podophyllum.* In very nervous patients *Nux Moschata* is sometimes better than *Nux Vomica.*

Remember that hardened wax in the ears may produce vertigo. Syringe it out. Always make your patients with vertigo suspend the use of coffee.

MENTAL TROUBLE.—This is a curious case. Young girl, accomplished, in good circumstances, without menstrual disturbance, fell unaccountably into a melancholy state, slowly deepening for three years before I saw her. She was morose, silent, peevish; neglected all duties, was afraid to go out any where, partly alieniated from her mother; unhappy, frequently wishing to die; could sit for hours in one spot looking out of the window; does nothing whatever without being led, urged and almost forced to it. Diagnosis, incipient *dementia.*

She has been under my treatment three months. She is very much better. She no longer mopes and expresses a wish to die. She helps to entertain company, attend to little household affairs spontaneously, undertakes things of her own accord, has been out to make calls, has changed towards her mother; is far more sociable and apparently happy.

What had effected this decided change? No new extraneous influences had been brought to bear, no change of diet, place, companions or circumstances; simply two great homœopathic remedies, of whose action on the psychical sphere of life the allopathic school school seems totally ignorant, *Aurum* and *Argentum*, gold and silver. *Aurum* is specially adapted to deviations of the emotional system from the normal type, *Argentum* to analogous deviations or aberrations of the intellectual system. One operates upon the affections, the other upon the perceptions. *Aurum* is a morning remedy; *Argentum* is an evening remedy. She has been taking the 3d centesimal trituration of *Aurum* before breakfast, and the 3d decimal trituaration of *Argentum* at bed time and will continue doing so for a while longer.

Materia Medica.

Materia Medica.—Studies of Drug Action. By Wm. Owens M. D.

In the March number of the Advance, it has been stated that I would write a series of novel and original articles upon materia medica.

I trust this announcement will not induce the readers to expect too much lest they be disappointed, as no claim for novelty or originality will be set up. That which it is my intention to submit for publication is nothing more than an extension of the "Studies of Drug Action" as presented to the class of Pulte Medical College during last winter. As to their merits, your readers shall have an opportunity to judge.

A complete materia medica must embrace a thorough analysis of every drug and its relations to the human organism. Such a system will supersede all others and serve a most useful purpose in the removal, by a rational and intelligent method of treatment, of the various morbid phenomena to which the human family is subjected. Previous to a presentation of our "Studies" we will (without attempting a demonstration of the facts by proof) assume that all so-called cases of disease, except traumatic and parasitic, are but perverted physiological action, or perverted forces of the system, inducing excessive or deficient function. From deranged function follows deranged nutrition which will likewise be excessive or deficient. This leads to organic change. This change does not commence in the ultimate cell, but in protoplasm from which cell was developed.

We shall assume also that there is no such thing as disease, or "materies morbi," except as above named. And shall endeavor to show the relation of each drug to some special

organ tissue or function which is disturbed by it, causing irritation, excitement or depression. And that this disturbance causes each organ or tissue to give forth groups of symptoms —language peculiar to that organ or tissue.

We shall compare, to a limited extent, the morbid impressions produced upon these organs whether the result of internal or external influence. By a careful study of this symptom-language of drugs, or so-called drug disease, we shall acquire a basis for treatment according to the homœopathic law of any form of morbid process. By this method it will be seen that certain drugs have a more special relation to certain classes of tissues or organs than others, and that certain drugs seem to expend their greatest force upon the organic or sympathetic system of nerves; while others affect the cerebro-spinal system most; while a portion affect the encephalic mass, and others affect the cord most; and others again seem to have special relation to particular nervous trunks or branches of them.

We shall claim also that impressions, whether produced by drug or disease, reach the system through the medium of the nervous systems alone and is then transmitted or reflected upon the organs to which these impressions appertain, and that the phenomena arising in these organs, whether of nutrition, motion or sensation, corresponds with the impressions made through the various classes of nerves which supply the parts, and which phenomena serve as a rational basis for our therapeutics; and if fully comprehended and accurately interpreted will be an excellent guide to the true pathological state of the part. If not recognized, it is the fault of the observer and not of the organ. Thus, for instance, the skin and mucous membrane yield burning pains; the serous and fibrous membranes give us shooting, stitching, cutting and tearing pains, such as we have in pleurisy, synovitis and rheumatism; the bones have gnawing and boring pains, while throbbing, hammering and beating pains arise from disturbed circulation. Capillary congestion produces a constant aching pain, and is attended usually by local hyperæmia of the peripheral vessels. These and many other morbid phenomena of the system pre-

sent us with facts of great pathological significance and value in connection with the homœopathic law.

From this basis we will endeavor to direct our studies, and hope to be able, occasionally, to present thoughts in relation to drug action which, if not entirely new or original, may serve to excite thought on the part of others whereby ourselves may be benefited.

We shall recognize the several so-called diatheses as so many pathological states. Their transformation into activity is best explained by the correlation of the forces of the system. In transfering the energies of one organ or set of organs to another or several organs to one central point of morbid speciality. Examples of these transformations are very common, and are pointed out by all writers on practical medicine. Witness the many forms arising from rheumatism, scarlet fever, measles, syphilis, diphtheria, skin affections, etc., and gout with its hundred sequelæ. Should we go to the root of these and many other similar obscure phenomena, there is no doubt we should find underlying all of them some principle of persistent force of morbid conditions transmitted from parent to child. The question of hereditary influence is simply one of force or energy, appearing in one generation after another or skipping the first, second, third or even the fourth and reviving its potentiality under favorable circumstances in the fifth, not always the same but often varying or multiform.

We shall recognize the fact that the nervous systems are the foundation of all dynamic energy, and that they furnish us with the most striking examples of this potentiality. And that organic life and mental action both depend upon nervous structure; that nervous structure is made up of nerve cells, and that nerve force springs from nerve cell, and that nerve cell originates nothing, but only transmits that it receives. That nerve cells obtain from the blood the material which best answers their purpose, and from it transforms matter into force. Thought, therefore, is the result of the dynamic energy of nerve cell; hence all the actions, whether normal or abnormal, are the result of force as evolved from the blood through the power of nerve cells.

If then it should appear that the results of drug action correspond in part or in whole to the phenomena of morbid processes arising from supposed natural causes. And that cell action is the same or similar, whether induced by drugs or disease. It adds greatly to our claim for a rational and philosophical basis for our therapeutics.

It would also appear that those manifestations, nosologicaly called disease, are but perverted function, resulting from a disturbed condition of the forces of life. The manifestations of drug action which we call drug pathogenesis, and are also the result of a disturbed condition of the forces of life. The former results from the impression produced by the supposed natural cause. The latter are produced at will by the exhibition of medicinal substances. Both point to an active force producing cause within the nerve cell. Nerve cell is the power, energy is the result. As far as the phenomena are concerned, no distinction can be recognized between morbid force and drug force.

A careful study of the phenomena of disease, etiologically, will lead us to a true pathology and a correct diagnosis, and will serve as a guide to the true drug similimum for every morbid condition. Correct notions of drug force and its relations to pathological processes, however induced, will lead us also to more rational therapeutics and to meathods of treatment, based upon scientific principles.

We will discover new relations of drug force to morbid conditions, to symptoms and their causes. When we will have less cause to resort to temporising and expedients, and will place less stress upon blood poisons and "materies morbi." We will learn that increased function of a part is increased excitement, and that inflammation is but another name for extension of the excitement and that when the so called, inflammatory process has become exhausted, relaxation and paralysis follow and in time resolution, suppuration or gangrene.

It is true that our knowledge of pathological processes taking place in the system is but limited as yet, but this is no reason why we should not avail ourselves of that we have and make the best of it we can.

In the series of articles we shall attempt, it will be our endeavor by the aid of pathological, physiological and such anatomical knowledge as we can bring to bear, to trace drug pathogenesis to the nerve centers from which the phenomena are evolved, and contribute our mite toward (according to our view) a rational and scientific basis for the homœopathic materia medica.

A New Allopathic Materia Medica. Provings of Jaborandi.

How the old school have obtained their knowledge of drugs is already well known. The idea of proving drugs on healthy persons has always been held in disrepute by the savans of that school. It would appear however from a late number of the Pharmaceutical Journal that the despised method of the homœopaths is about to be adopted by them.

The *Jaborandi* is a new South American plant, and they call it a "remarkable drug." They have but the crudest ideas about it and they will have none other until a large number of patients are either killed or cured by it; unless they pursue the investigations already begun. As might be expected they go about the work in a very awkward and dangerous way—a thing to be expected of beginners. William Martindale, F. C. S., reports as follows:

At 11:30 P. M., on retiring to rest, I swallowed as much of the dregs as I could, probably 50 out of the 60 grains used, and washed them down with the infusion. In five minutes I felt a glow, an increased circulation, an uneasiness in the head, became restless, and the secretion of saliva began to increase. At 11:45, a quarter of an hour after taking the dose, I was perspiring freely. The salivation and perspiration continued to be profuse until my sight became blurred. At a distance of four feet I could see my wife, but could not distinguish her eyes. On this occurring I became a little anxious, as I had

evidently taken an over dose. The impaired vision still continued, but I was glad to find that it was only at a distance—near objects I could see distinctly enough. The pupils of the eyes were slightly dilated, I was informed. The pulse when first noted was 96, and got up to 104. The temperature was not taken. The depression was never very great, but I began to shiver, more clothes were put on the bed, and some spirit and water given to me. The excessive perspiration still continued from all parts of the body. A Turkish bath, which I have frequently had, and seen others have, was nothing to it; the salvia for a time required almost constant ejection; the secretion of this from the glands in the cheeks caused a kind of collapsed feeling in them. My speech was so affected that articulation was both difficult and indistinct. Eventually, about 1 A. M., I was sick, and vomited at first a quantity of saliva which I had swallowed. Putting my finger in my mouth vomiting was further excited, until a portion of the *Jaborandi* returned. The effects were now subsiding: more spirit and water were given to me, my night shirt, soaked with perspiration, was changed. I was put into a warm blanket, and about 1:40 A. M. I fell asleep and slept a quiet sleep till 6 A. M. The pulse on awakening was 88—normally with me it is 80. I got up about 7:30 A. M., and although I felt squeamish all next day, I was able to attend to business as usual. When the action was at its height, on uncoveriug my arm, I am informed the perspiration passed off in steam from my hand and night-shirt sleeve. The saliva collected, which was distinctly alkaline, measured 16 ounces, in addition to which a quantity had flowed on the pillow while I slept, as it was quite wet in the morning. I came to the conclusion that I should not like to pass through the ordeal again.

M. Robin gives an account of the results of his researches in M. Gubler's wards of Paris, but no mention is is made of of its peculiar action upon the vision, which, so far as I am aware, has not been previously noted.

Well this is better than nothing. But think of the paucity of the result! Only the coarsest parts of the provings saved. Not the least account taken of a multitude of symptoms that were doubtless present but not observed. With an ability at fine discriminations he might, with such a proving have added considerable valuable knowledge to the materia medica. The effects of the drug did not pass off at once. Symptoms were being constantly developed and he thoughtlessly, foolishly,

almost criminally brushes them all aside with the wise remark, "*I felt squeamish all the next day.*"

And yet the men who are floundering in such mist and mire are scientific or they are nothing. T. P. W.

Societies.

American Institute of Homœopathy, Twenty-eighth Session.

The Twenty-eighth Session of the American Institute of Homœopathy will be held at the Beebe House, Put-in Bay, Lake Erie, commencing on the Third Tuesday in June, next [June 15th,1875], and continue four days.

Chairmen and Members of Bureaus are especially requested to have their reports and papers prepared for presentation. *Members not belonging to Bureaus* who are desirous of presenting papers, are requested to address the General Secretary at once, giving title of proposed papers. Members of Standing Committees are notified to have their reports in readiness for presentation.

Applicants for Membership may obtain blanks by addressing the General Secretary. Blanks must be filled by stating the full name and address of applicant and time and place of graduation, and be attested by three members of the Institute personally acquainted with the applicant. Applications for Membership thus prepared should be fowarded to the General Secretary not later than the 5th of June.

All papers forwarded to the General Secretary will be properly disposed of.

A circular will be issued by the Committee of Arrange-

ments, prior to the meeting which will give full information on all subjects connected with the meeting.

Rooms may be now engaged by addressing Mr. H. E. Beebe, Carlisle House, Cor. Sixth and Mound Streets, Cincinnati, Ohio. Price of board per day $2.50.

ROB'T J. MCCLATCHEY, Gen. Sec'y.,
918 N. 10th St., Philadelphia, Pa.

Indiana Medical Society. Indianapolis, Ind.

DEAR DOCTOR:

This will remind you that the Ninth Annual Session of the Indiana Institute of Homœopathy will commence in Indianapolis, May 4th, 1875, at 10 A. M. and continue two days.

The growing interests of Homœopathy in the United States and especially Indiana demand your presence at this meeting.

From the lessons of the past and the indicated dangers of the future we are imperatively admonished to be up and doing.

You are doubtless fully informed of the universal effort now being made in every State in the Union to fetter our practice; extinguish our truth and establish under the guise of law the tottering and decaying system of Allopathy.

These efforts, because of the lethargy of our physicians have in several of the States already proved successful; in others, where a show of resistance has been made, they have been for the time thwarted, but in all, the demand for continual vigilance on the part of Homœopathists was never more pressing than now.

The Committee on Legislation appointed at the last session of this Institute have by valiant fight and favoring circumstances succeeded in preventing the establishment of

the Allopathic State Board of Health But the measure, though repulsed, is still in embryo and will be delivered at our next Legislature as a child of the State unless greater effort is brought to bear to prevent it.

We must have thorough organization and a unanimous concert of action. Every individual must do his duty.

We hope, Doctor, that nothing will detain you from attending this meeting. Our bureaus are well-manned, we expect an interesting and very profitable time. You are cordially invited to enhance the value of the meeting by contributing a thesis on any medical subject or by reporting cases from your practice.

Physicians from a distance will be entertained during the session by resident practitioners and their friends.

If you can be with us please inform me by postal card or letter so that ample arrangements can be made. But don't fail to come. O. S. RUNNELS, Sec'y.

Homœopathic Medical Society of Ohio.

The next meeting is in Columbus, May 11th and 12th. We have been anxiously looking for the Secretary's call, but alas! he calls not. The Treasurer, with his usual promptness, has passed round his annual account with the members. We hope for a splendid gathering, despite the fact that no special attempt is being made to get out the entire profession, The officers for this year are, President, Dr. J. R. Flowers; Vice-President, Dr. C. C. White; Secretary, Dr. W. A. Phillips; Treasurer, Dr. J. C. Sanders.

THE OPHTHALMIC AND AURAL BUREAU of the American Institute promises the following reports at the next meeting:

1. Retinitis Brightii, Geo. S. Norton, M. D., Ophthalmic

Hospital, Cor. 23d Street and Third Av., New York City. 2. Optic Neuritis, W. H. Woodyatt, M. D., 90 Washington St., Chicago, Ill. 3. Acute Suppurative Inflammation of the Middle Ear, T. P. Wilson, M. D., Cor. Seventh and Mound Sts., Cincinnati, Ohio. 4. Chronic Suppurative Inflammation of the Middle Ear, W. L. Breyfogle, M. D., Louisville, Ky. 5. Consequences of Chronic Suppurative Inflammation of the Middle Ear, W. H. Woodyatt, M. D., 90 Washington Street, Chicago, Ill.

It will not be the fault of the Chairman, Dr. Houghton, if the bureau does not successfully compete with all the other bureaus for fullness and excellence in the reports.

Miscellaneous.

Progress. By H. H. Baxter, M. D., Cleveland, O.

[We have made it our special business to champion the idea of universal and eternal progress. Having no faith in the theory or practice of standing still, we do heartily believe in just what every body is doing that is moving on. As an offset to this we give our readers the following well tempered words of Prof. Baxter.—ED.]

Much has been and will be said about "progress" and "keeping up with the times," but there is a principle of progress which is too often lost sight of in this fast age, viz: Truth and right. "Be sure you are right then go ahead" is an old, old adage, but one which would save an immense amount of labor if it were always heeded.

Concerning this matter of progress, there are two extremes, both of which are equally wrong; the one rejecting every new

theory, denying the discovery of every new fact or principle in science, and opposing every change in already existing customs and habits, for the only reason that they are new; the other eagerly accepting and approving everything for the same reason. Here, as everywhere, the truth most often lies between these two extremes. It is the part of true wisdom to first prove all things, and hold fast only to that which is good. In ancient times there existed a certain sect or class of people—they could hardly be called philosophers—whose whole occupation in the pursuit of happiness, consisted in a continual search after "some new thing," and this sect has apparently been perpetuated to the present day. We have a class of would be philosophers who are carried away with the one idea of progress. It is a sort of monomania with them. They shout progress in much the same way that the stately policeman commands the unlucky wight, who pauses, bewildered and uncertain, upon our city streets, to "move on," neither knowing or caring whether he goes to or from his desired destination. Upon the high seas it is customary for the mariner to take an observation of the sun at noon of each day, and calculate therefrom the latitude and longitude of his vessel, thus insuring safe and speedy entry into the right harbor; but if an honest searcher for truth attempts to ask the question, "Whither are we going?" his voice is often lost amid the vehement cries of "Progress." If his voyage in the sea of knowledge leads him to the harbor of truth well and good, but if not it is all the same. He has been progressing all this time.

These mad progressionists talk too loud and long of the courage required to adopt these new ideas, and the cowardice which hinders others from blindly following their leading. At the same time it is mortal terror which impels them to become pioneers in their army of reform, terror lest some one should point a finger at them and say "old fogy." It is only a question which is the greater coward, he who accepts every new theory and joins every new reform movement through fear of being called an old fogy if he does not, or he who refuses through fear of public sentiment.

I would not have you infer that I disparage or oppose progress. Homœopathy owes too much to the progressive spirit

of the present generation for us to speak of it lightly. I believe in progress, but I also believe in being right. The two must go together, and the right must go before the progress, otherwise all is wrong. The hasty traveler who takes the wrong road on which to pursue his journey, is progressing it is true, but every step he takes must be wearily retraced before he can proceed in the true way. All our successful reformers, and all our great scientists were right in the beginning, else their labors had led them far astray. The immortal Hahnemann, founder of our beloved system of medicine, was one of these. Discovering a ray of light penetrating the midnight darkness of that system of medicine which boasts an existence of over two thousand years, he followed it, halting and uncertain at first, until he was sure, beyond the possibility of a doubt that he was right, before he advanced boldly and with confidence, and gave to the world the result of his investigations and experiments. Had he attempted to warp and bend his experiments to fit a certain mould, or to force his investigations to prove a certain preconceived theory of his own, sad indeed might have been the physical condition of men now. But, thank God, Homœopathy, right in the beginning, has advanced slowly but surely, until she stands to-day an established truth, crowned with the laurel wreath of success, and commanding the respect and admiration of the civilized world.

No true progress can be made without thorough investigation and careful research. This seems to be especially true of the study of medicine. But in the study of all uncertain subjects we should remember that the same experiments and the same research may not lead all persons to the same conclusions. Liberty of opinion is one of the fundamental principles of our goverment and is one which we should early learn to apply to the search for knowledge. Count no man an enemy because his opinions are not our opinions, either in politics, religion or medicine. We must give every man the same credit for candor and honesty of purpose which we claim for ourselves and learn to disagree amicably.

Opium and Morphia. By the Editor of the *Daily Enquirer.*

Had those mothers and maidens in Israel who went up and down the thoroughfares, villages and cities of Ohio last spring, testing, as it were, the efficacy of prayer, invoking God's help in demolishing demijohns, wine casks and beer barrels, and exorcising spirits generally, the spirit of enterprise included—had they, we say, known or cared any thing about the terrible opium thralldom which, without resistance, is annually gathering in its thousands of victims, they would have been quite apt to have labored and agonized not a little with druggists and opium dealers of our country; they would have made some frail and futile efforts to break the chains which are being forged in almost every household throughout the land; they perhaps would have offered battle, at the same time sung psalms to the great, brown dragon which is slowly settling down upon America, and gorging itself with victims.

The increase in the quantity of opium and its kindred poisons consumed in the United States alone is alarming, and should startle every well-meaning citizen—should arouse the attention of law observers and law-makers. Walk along the streets of this city any day, and you will meet opium-slaves by the score. Whether with or without their subtile drug, you can scarcely fail to recognize them. If under its potent influence, you will notice their faded and shining skin, and a strange basilisk glitter to their eye. If without this fearful, poisonous stimulant, you can see their repulsive, leathery complexion, their sunken and expressionless eye, their languid and uncertain steps. They are slaves, abject slaves, suffering exquisite tortures, and not a street of Cincinnati is without them. They are not living—they are simply existing, and their days are made up of spasmodic fits of desparation. To them the pale horse and rider are generally welcome visitors, and over their unnatural deaths the mummery of an inquest is seldom known. Once in the fetters of opium or morphia, they are, with very rare exceptions, fettered for life. An incubus is

upon them. They are held down with the strength of a Titan, and resurrection is foreign to all probability.

The last statistics show that there are now being imported into this country alone from Smyrna, India and China, the enormous amount of twenty-one thousand pounds of opium annually, and the stock in New York to-day consists of five hundred cases, of one hundred and fifty pounds each. Messrs. Powers & Weightman, of Philadelphia, the sole manufacturers of morphia, report that the demand for the poison is greater than the supply, and that, being sold ahead, they can take no orders for immediate delivery.

The price of opium in 1871 was but $3 87½ per pound; now with an increased quantity on hand, the price has reached $7 75, in gold. To be sure, great quantities of this terrible drug go into medicine, and for that same reason the demand has been increased. Hypoderimic injections are becoming a convenient and popular mode of treatment on the part of physicians, and they, therefore, demand a larger supply. Chemists have found it one of their convenient agents, and they, too, call more loudly for its importation. But it is not the legitimate consumption which has so greatly increased the demand. Wholesale druggists are a unit in the belief that its illicit consumption is growing month by month, and retail druggists will tell you that they know this to be the case. The wholesale druggists of Cincinnati, annually dispose of 4310 pounds opium, while the total amount of morphine annually sold by them is 11,250 ounces. One wholesale druggist of Cincinnati alone disposes of 1000 pounds of opium and 1600 ounces of morphine every year. Like sugar and calicoes, these poisons have become staple, and on them, therefore, the wholesale dealers make no money. They sell because of their customers' demand. They would gladly banish the whole trade, and they would be the first to advocate a law preventing its use for other than medical purposes.

Its consumption is a disease, and it prevails among mechanical, business and professional men, and is especially prevalent among those of the weaker sex. In Cincinnati, victims to this terrible and poisonous appetite are known to daily grovel under

its influences, victims occupying high and respected positions in society. Many of them have been slowly drawn into an opium-eating habit through the wiles of narcotic medicines. More have cultivated a taste and demand for its strange influences, have voluntarily drawn the chains about them, have with their eyes open become entangled in its strangling coils. Some have taken in the juice of the poppy to relieve pain; others, knowing the consequence, but urged on by a fascination for the horrible, have begun its use, and sought to break off when it was too late. Slaves to this appetite are found in the most orthodox of churches, and ministers have been known to draw inspiration from its subtile power. Who in Cincinnati has not heard of a prominent Ohio clergyman, who, some three or four years since, in one of our rural towns, hanged himself while his congregation was expectantly waiting his appearance in church? A slave for years, and eloquent only when opium pervaded every vein and artery of his system, he resolved to become disenthralled, to shake off his chains and be once more a man. In the absence of his stimulant, consistent with opium's influence, he beheld a perfect apocalypse of horror. He knew he could not face his congregation while in such a nightmare, and he knew that he could only find relief in his accustomed poison or in an entrance to the shadowy world. Firmly set against relief in the former course he deliberately chose the latter.

In the lower walks of life opium slaves are counted by the hundred. In the brothels opium reigns supreme. The writer was imformed by a prominent retail druggist that he daily refused opium, morphia, or laudanum to scores of Cincinnati's *demi-mondes*. They possibly seek forgetfulness, and what agent could better answer their purposes? They can produce an intellectual torpor or ethereal bliss by its power. What wonder that when for a moment left alone, when recollections possibly of an innocent childhood come thronging on, when gloom and terror seem to be settling down, when nightly spectacles are floating in the air, what wonder, we say, that these "unfortunates" do resort to this potent drug, and its in wild delirium dream dreams of dazzling light, of unutterable splendor,

of Monte Cristo wealth and luxury? What wonder that they become slaves to its influence when ambition is all gone and no motives for moral efforts exist?

Men seek to drown their sorrow in this poison as drunkards do in rum. When once slaves to its power, without its influence they are known to writhe in tortures. But under its spell from anguish they are transformed to a state of mythological bliss. The insignificant becomes magnificent, ugliness becomes transcendently beautiful, and from measuring the depths of despair they experience the ecstatic raptures of the blest. They revel, as it were, among the vapors of death, But these slaves experience such wonderful extremes that change even becomes monotonous. Desperation becomes their constant attendent, and recklessness is their only guide The quantities of poison which they consume are fabulous, and hard to be believed. One Cincinnatian, known to the writer, daily takes from twenty-five to thirty grains of morphia, or over a hundred times what would constitute a powerful dose in a desperate case of sickness. Not long since a morphia-eater, made prematurely old, shrunken and shriveled into the proportions of an Egyptian mummy, applied for admission into the Cincinnati Hospital, who consumed the fabulous dose of sixty grains a day. The abject servitude in which an opium-eater exists is a hundred-fold more to be dreaded than that of the alcoholic slave. The latter can sometimes reform; the former almost never. Reformed opium-eaters are exceedingly rare. Cincinnati is known to posses only one, and he only recovered from his opium by resorting to the bondage of another powerful stimulating agent. The slaves to this drug are never brutal like slaves to rum, but they are bound tighter; they are held with a firmer grasp. Once well in its quick-sands and only efforts most superhuman can save them from the prompt and certain hospitality of a grave-yard sexton.

The Pneumatic Aspirator. By E. S. Stuard, M. D., Covington, Ky.

This instrument was invented by Dr. Georges Dieulafoy, a French surgeon. Physicians in general are not fully alive to the great disadvantages they labor under from a want of a thorough knowledge and appreciation of the many and varied uses which the subcutaneous pneumatic aspirator fulfills.

No doubt most readers of this article have observed how trivial is the lesion produced by the introduction of the fine nozzle of a hypodermic syringe, and also how with impunity the acupuncture needle has been inserted deeply into the substance of not only important and highly organized structures, but vital organs. Dieulafoy conceived the idea of attaching to a fine tubular needle an air pump, in order to create a vacuum, and thus exercise a powerful suction upon any fluid into which the needle should be introduced. Upon this principle the inventor constructed the pneumatic aspirator.

The office of the aspirator is two fold: First, as an aid to diagnosis; Second, as a means of treatment. By it we may detect the presence of pus or other fluid, the products of disease, even when they are deeply hidden in the center of important organs, and with the assistance of this invaluable instrument, these morbid effusions can be drawn off as effectually, as the contents of a superficial abscess can be evacuated by the bistory.

As regards the harmlessness of the puncture made by the exhausting needle, Dieulafoy says:

"I have thrust these needles into almost every part of the body, into the joints, the liver, the spleen, the bladder, the intestines, the lungs and the meningies and, I can affirm, and a great number of observers, affirm with me, that we have never seen consecutive accidents."

From the Lancet we copy the following description and method of using Dienlafoy's Pneumatic Aspirator:

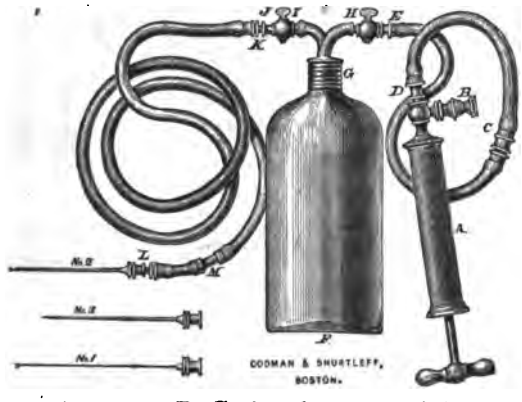
"It consists of a glass exhausting syringe, capable of being attached to a fine tubular exploring needle, or to a canula of larger size. The syringe being first exhausted, and its piston

secured by a half turn, which engages the notch in a catch, an exploring needle is introduced at any point beneath which the presence of liquid is suspected, and is carried to a sufficient depth to prevent air from entering at its point. The exhausted syringe is then connected with the needle either directly or by the intermediation of an elastic tube; and a stopcock between the channel of the needle and the vacuum. is opened. The needle is then carried inwards, and as soon as its point reaches fluid, this fluid rushes into the vacuum. By closing the stopcock and opening a lateral one, the fluid can be driven out into a vessel, by disengaging and pushing down the piston; and by drawing up the piston when both cocks are closed, the vacuum is restored, and will be again filled by the fluid as soon as the communication is reopened. In this way, according to the inventor, fluid may be discovered at any depth and removed without risk, from any situation.

Dienlafoy, in a note upon the subject of pneumatic aspiration, addressed to the Imperial Academy of Medicine Paris, remarks, "We know how difficult it is to recognize some times the presence of a purulent depot concealed under muscles or aponuroses in the center of such regions as the neck or iliac fossa, or situated deep in such organs as the liver or kidneys. The observer is necessarily undecided as to the presence and nature of the fluid which does not for some time declare itself, either by smelling or fluctuation. It was for the purpose of elucidating these doubts that the exploring trocar has been devised. But that instrument carries with it its own condemnation, being at the same time too large and too small. Its size is considerable compared with the fine needle used for subcutaneons injection, yet, in spite of its considerable diameter, it hinders frequently the escape of liquids if they be at all dense. To remedy these difficulties I have constructed long canulæ so fine that the most delicate organs may be traversed by them without being injured more than by acupuncture needles. This trocar is introduced in search of the supposed liquid; a vacuum is easily produced by the piston (of the aspirator attached) and the operator is at once informed of the presence, seat and nature of the collection."

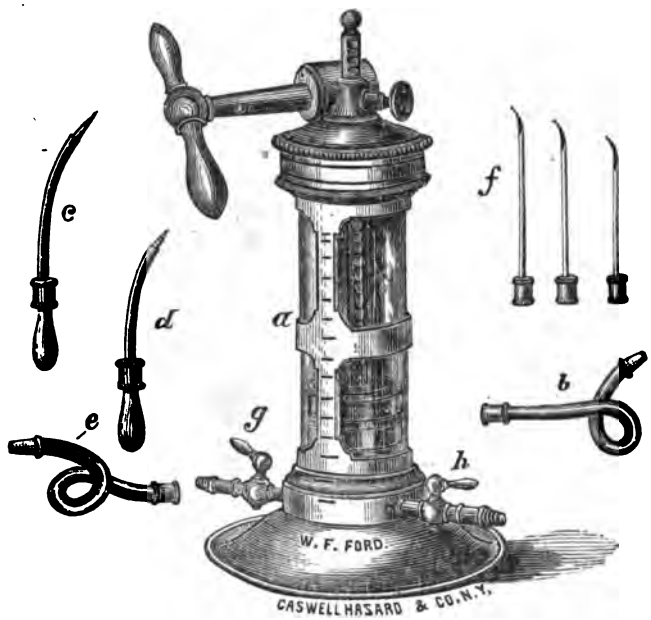
Dieulafoy further adds, "As a means of treatment the aspirator serves many purposes. It will evacuate an articular abscess without the introduction of a single bubble of air, and an opening so small as to be incapable of producing any ill results."

Like all new inventions many improvements have been made upon the original instrument. The subjoined cut illustrates an apparatus made by Codman & Shurtleff, Boston.



A, Brass air pump; B, C chambers containing valves. By reversing the position of the chambers the pump may be used at will as an exhaust or as a force pump. A double milled circle around one end of each indicates when these circles on both chambers are towards the pump that it is an exhaust pump; when the circles are turned from the pump that it is a force pump. The chamber, C, is reversed by turning it with the tube, end for end. D, E, metallic joints or couplings, either of them fitting the pump or air cock H, as required. E a glass receiver of sixteen ounce capacity, having a coarse screw thread cast into the glass of the neck, so as to screw into a corresponding thread in the brass cap G, making an air tight joint by means of rubber packing. I, fluid cock. K, L, metallic couplings. M, short piece of glass tube, to give early notice if fluid has passed the needle. Nos. 1, 2 and 3, aspirator needles, steel, hardened and tempered at cutting points and plated with gold.

The second cut accompanying this article, gives a faithful representation of the new aspirator of Dr. Potain of Paris sold by Caswell, Hazard & Co., New York.



For the following illustrations of the surgical uses of the pneumatic aspirator, we are indebted to an article contributed by T. R. Jessop, Esq., surgeon to the Leeds, England, General Infirmary, in the British Med. Journal, Dec. 7th, 1872.

Case I. On August 30th last, a woman aged 46 was admitted under my care, into the Leeds General Infirmary, with an abdominal tumor of twelve month's growth, and equal in size to a seven month's pregnancy. The tumor was somewhat fixed toward the pelvis; several hard moveable nodules could be distinguished through the abdominal walls; it was doubtful whether fluctuation existed or not. The pelvis was found on vaginal examination to be filled posteriorly by a firm mass, and the os-uteri could not be felt, being apparently pushed above the pubes, high out of reach of the fingers. Menstruation had been for some years very irregular. My colleagues

examined the case with me, and we all felt doubtful as to its nature, On September 21st aspiration was made through the abdominal walls, with the result of extracting four ounces of a thick, glutinous, brown colored fluid, such as is found in ovarian cysts. The nature of the disease having been established beyond doubt, a fortnight later I performed upon her the operation of ovariotomy.

Case II. In July of this year was asked by Mr. Booth, of Winfield, to see with him an elderly female, the right half of whose abdomen was filled with a prominent mass, the origin of which she attributed to her daughter, having accidentally trodden upon her in getting out of bed a few months before. The increase in size had been gradual, and had been attended by considerable pain and some febrile destruction. On percussion, the tumor was dull, and on handling an indistinct fluctuation was made out. A few days afterward I withdrew, by means of the aspirator, several ounces of pus, and was thus enabled confidently to pronounce the case one of cellular abscess, and to confirm the patient's own opinion as to the origin of the disease.

Case III. A gentleman, aged 21, in falling struck his left knee a violent blow against the corner of a stone wall. I saw him on the following day. The joint was distended from effusion within. Rest in bed, an evaporating lotion and an occasional purgative were prescribed. This treatment was duly persevered in for a month, without producing any perceptible change in the condition of the joint. On July 5th, I applied the aspirator, making use of the smallest trocar, and drew off seven ounces of fluid, which consisted of little else than blood. It was the first time that I had met with blood in a joint, under similar circumstances, and I felt somewhat anxious as to the result. The knee, although emptied of fluid, looked decidedly thicker than the sound one, but was neither tender nor painful. The limb was placed upon a straight splint and the evaporating lotion continued. There was no return of fluid, and indeed nothing of an untoward nature at any time arose. On August 6th, he was allowed to get up, with the joint supported by a plaster of Paris bandage. In six weeks

the bandage was removed; and at the end of September he could walk well—a little stiffness and slight thickening of the joint alone remaining.

Case IV. On December 26th, 1870, a man, aged 38, was admitted under my care into the Leeds Infirmary with his bladder fully distended, and totally unable to pass a drop of urine. The retention had lasted for fifty-four hours, and several efforts had been fruitlessly made to enter his bladder. On my visit he had already been placed by our resident medical officer in a hot bath, and opium had been freely given. A gentle attempt at catheterism sufficed to demonstrate a closeure of the urethra a little beyond the bulb, and was followed only by the escape of a few drops of blood. Without further delay I plunged the finest needle of the aspirator straight through the abdominal walls into the bladder, and attaching the syringe drew off thirty ounces of urine. In about six hours dribbling by the natural passages began and, after a few days, I was able to commence the treatment of his stricture, not less favorable than if retention had never occurred.

Current Medical Literature.

Under this head we hope to present some of the cream of our exchanges.

U. S. Medical Investigator.—C. Bernreuter reports about eighty cases of cerebro-spinal meningitis in a population of about three hundred. Not more than six recovered, and they would be better off if they had died. The Doctor reports a case having this peculiar mental symptom. "If any one approached her and spoke to her, she would scream, 'Go away! You kill me!' And when the attendants wanted to go

out, she cried 'Don't go out,'" and *Arsenicum* proved curative. These symptoms are found under the provings of that remedy.

J. Goucher gives his ideas of cancer, and they prove to be somewhat mixed up with theology and a questionable pathology. The Doctor has a reputation for curing the disease, and lest he be accursed of quackery he exposes the character of all his implements. There are twenty-five in all, and chiefly caustics and sedatives. He says he administers these "with a large amount of well cultured brain." All of which is perfectly satisfactory to the Doctor. He concludes, "The statistics of my treatment warrant me in saying that I can *cure* as many cases in a given number as can be cured in any other disease—*all circumstances being equal.*" This last clause saves the Doctor and we congratulate him on his happy escape..

Dr. A. G. Beebe retracts the statement he recently made, that "cancer has no more roots than an apple dumpling." He now concludes that they do have roots which is a strange and sudden somersault for one purporting to be specially informed as to the pathology and treatment of the disease. He deprecates the idea that he was original in the use of *Carbolic Acid*, but says he was first to advance the theory (about six years ago) that cancer is primarily due, not to a blood poisoning, but to a deprecation of the organic vitality of the part or of the system at large or of both, and hence is rather neural in its origin." Now that "rather" is a good thing as a matter of precision, and is decidedly more original than the depression theory which, if we mistake not, is older than the Doctor himself.

Dr. J. G. Gilchrist, at a recent meeting of the Medical Society of North-western Pennsylvania, offered the following resolution, and it passed "unanimously:"

"*Resolved*, That the practice of treating the diphtheritic membrane as the disease *in se*, is contrary to true pathology; it is treating the effect for the cause; that the membrane is an effect and not a cause."

This is a summary and novel method of treating a very troublesome disease. Now if the North-western Society would be good enough to state all the knotty points and set-

tle them in the same way, we would be much obliged. It is so much easier to draw up a resolution than to carefully pursue investigations and weigh conclusions in the scales of experience. By all means let us have a few more resolutions. But they should be grammatically constructed.

AMERICAN OBSERVER.—Dr. C. P. Hart writes dogmatically and therefore with force upon Substitution of Medicine, meaning thereby when one drug has ceased to act beneficially being still indicated "the happiest effects are produced by substitution of another but similar medicine." And he proceeds to lay down the fundamental rules that should guide us in making the substitution. He says in chronic cases "*never repeat the same remedy.*" By what authority is such a statement made? That may be a good rule for the Doctor, but it is not and never will be followed by the profession generally. "No medicine," he continues, "however analogous it may be, is ever to be substituted for another while the former is still acting and not then until by a comparison of all the symptoms its homœopahticity is clearly established." The Doctor never heard of the man who had a spit sticking through him and died transfixed with it while the surgeon was examining his pulse, tongue and urine, and enquiring into the patient's family history. We have following a table of substitutions with the remedy and what remedies are suitable "before" and "after." Something of this sort has been long in vogue among us but not of high repute Those who fancy matters boiled down to a nicety will find this a convenient table. Upon what authority it is based we do not presume to know.

NEW ENGLAND MEDICAL GAZETTE.—Dr. C. Wesselhœft discusses the Faults and Fallacies of Clinical Reports. He says, "Every physician reporting cases in the journals, first owes his readers evidence of what he alieges to have cured; and, second the reasons why the cure was possible, by stating the indicative symptoms." And then he gives numerous illustrations of the violation of these essential rules. The article

is caustic and truthful, and will do good if heeded. The balance of the number is filled up with Commencement Exercises of the Boston University Medical School.

Correspondence.

MT. PLEASANT, O.—The rapidity and certainty with which homœopathic remedies produce their cures is quite marvelous in the eyes of one accustomed to the use of heroic doses. Dr. J. W. Cable of Mt. Pleasant, O., is a recent convert to the homœopathic system and since his return from college to his field of practice he reports his first case of rheumatism. He says, "I was called to see one of my old friends who having heard of my return was anxious to see me and know what I could do with his case by the new system.

He had been sick about three weeks and on examination I found a case of inflammatory rheumatism; affecting most of the larger joints. I found that he had been taking large doses of *Quinine* and *Morphine* until he was almost wild, also he had been repeatedly bathed all over with liniments of various kinds until he had on a coat as various in color as Jacob's. I ordered a warm water sponge bath, and then wrapped him in cotton and gave him *Bryonia* 3d and *Rhus* 3d, dose every three hours. Next day he was much better. After two days more removed the cotton and substituted canton flannel wrappings. Stopped the remedies he was taking and gave *Sulphur* 3d. In less than a week he was well. This surprises me for I have not seen patients recover so under allopathic—beg pardon, regular medication."

For a beginner this was well done. There are more sur-

prises in store for the Doctor if he sticks to a careful diagnosis of his cases and a strict application of the law of Similia.

GREENFIELD, O.—I send herewith my subscription to Volume III. For the past year it has been a source of great interest to me. Homœopathy is rapidly gaining ground here. Would that we had a few more energetic men in this country able to represent our school. Dr. Hoyt at Hillsborough and myself are the only Homœopaths in this section.

W. L. MCCREARY, M. D.

MADISON STATION, TENN., April 2d.—The Advance is a check on all "regulars" who chance into my office and read its contents. At least it has that effect on me though I have no prejudice to reconcile, as I am in pursuit of the truth. Dr. D., of Nashville, recommended the Advance to me and I am delighted with it. For the past year I have been reading standard works on your mode of practice, and in all candor the more I read the better I regard the homœopathic system. The minute and palatable doses are a very great desideratum. I am only half converted, the other half is open for more light.

J. B. W.

LEMARS, IOWA, April 1.—Well here we (doctor and wife) are within about twenty miles of the Dakota Territory line and within the region now afflicted with the "Black Hill fever." I have had some pretty severe cases of pneumonia and capillary bronchitis with excellent success. In these diseases the 30th of our remedies are trumps especially in young children.

S. J. HILL.

IN COG.—A doctor, nameless here, writes: "They have a good joke on me just now. A day or two ago a man from the country came for me to go and see his child which was sick. Before he left town he went and ordered a coffin for the little patient. The man was however honest for he expected to find the child dead when he returned home. But

he didn't and we finally cheated death out of his prey and the undertaker out of a job."

Book Notices.

Ruddock's Text Book.*

Dr. Ruddock is already pretty generally known in this country as well as in his own for his efforts in popularizing homœopathic practice. Both as editor of the Homœopathic World, a popular medical journal, and author of several treatises of a domestic character, he has established a very desirable reputation.

In the work before us he has essayed something more pretentious than any of his former works. It would seem to be, in the author's estimation, quite exhaustive of the subjects treated, for nowhere do we find references indicating that elsewhere might be found a more complete discussion of them.

In "Hints to the Reader" he shows his absolute confidence in the nature of his work by the statement that "Persons desirous of being able to act wisely and promptly in the general treatment of disease should *read this work through from the first page to the last.*" Still it is hard to reconcile this view with the fact, that we find every where references to the author's medical journal. "See H. World" constitutes an irritating iteration that runs "this work through from the first page to the last," and forces us to surmise that, after all, this is but an addenda to the journal, the two being complemental and quite encyclopedical of medical science. We can hardly hope to reach a maximum usefulness of the "Text Book" without possessing a full set of the "H. World." And if the author did not have an eye to business in this matter he will be greatly misjudged. It certainly looks as though he had profited somewhat by his visits to the New World and drawn on his knowledge of Yankee thrift. This may not prejudice his work in America; we are used to such things; but how will his English colleagues take it?

*Text Book of Modern Medicine and Surgery on Homœopathic Principles. By E. Harris Ruddock, M. D. Homœopathic Publishing Co., London.

The work, being a text book of both medicine and surgery, is necessarily somewhat encyclopedic. We find materia medica, theory and practice, surgery in almost all its branches, toxicology and hygiene treated in a vigorous and ready style. Now if any one should fall into the error of supposing that this is all the homœopathic school knows about these subjects, that would be unfortunate. It might be erroneous to suppose that it contains all that even the author himself knows about them.

The book is simply a condensed practical treatise and includes as much as is possible within so small a comparative compass, and has as few errors for the critic to hawk at as any work of a similar character that has fallen under our notice. No doubt the work will be in demand and meet with very general favor from the public, but the fact is there exists in this country no need for such a work. We have outgrown the era of treatises like this. The profession now demand elaborate and systematic writings on all the various departments of medicine. They demand that our authors shall produce as good as the best in any other school. Allen's Materia Medica, Helmuth's Surgery, Baehr's Therapeutics are the sort we need. Look at Hering's Analytical Therapeutics and you will see what can be done by one who labors to develop a single department. Now if Dr. Ruddock's work comes in to supplant these, and our students and practitioners rest upon it as the *ultima thule* of our science, then there will be a positive wrong done. This, we are sure, the author did not intend as the result of his labors and, taking it in the spirit he has presented it, we most heartily commend it to all our readers. For sale at our pharmacies.

Proceedings of the Homœopathic Medical Society, Tenth Annual Session at Springfield, 1874.

We have every reason to be proud of this issue of the transactions of our State Society. It presents 170 pages of matter that may be justly considered a valuable addition to our literature. The retiring secretary Dr. Baxter is deserving of thanks for the great care and taste he has exercised in geting up the present volume. We do hope the enterprise and liberties of the society will make these annual issues more and more valuable until they shall be unrivaled by those of any other state New York not excepted.

Homœopathic Times, a Monthly Journal, etc., Vol, III. No. 1. New York.

Our book of heralds having been duly consulted we gave up the conundrum: Where are Vols. I. and II.? The pedigree of the new comer puzzled us sorely until we struck on a fact that should make Andrew Jackson turn in his grave. Did not the old hero of New Orleans say "The Union must and shall be preserved?" And here we find the Medical Union a martyr to its own doctrine. Married to the N. Y. Journal of Homœo-

pathy it appears as the Homœopathic Times. The gestation and delivery were remarkably quiet. Had this thing occurred near the head of Lake Michigan there would have been placards on the four walls of the universe. It is a question of longitude, no doubt, with the advantage in favor of the West where weddings of this sort are considered more important. But without fuss or feathers this twain made one start on a promising journey and we sincerely wish it success.

Pettet's Directory of the Homœopathic Physicians of Ohio.

This is a commendable effort to perform a much needed task. The imperfections are not the fault of the author but of the physicians themselves who are constitutionally averse to furnishing the information needed to make such a directory complete and satisfactory. Next year we hope the Doctor will give us an improved list.

Hoyne's Direc'ory of the Homœopathic Physicians of Illinois and Indiana.

This has come to be as regular and reliable as the census. It makes an excellent showing of the standing and progress of our school. If every state in the Union had such a worker as Dr. Hoyne they might all have a directory—a consummation to be devoutly wished for.

The Medical and Surgical Reporter, (Philadelphia), is an excellent journal of the allopathic school, published weekly at five dollars per year. We cheerfully recommend it to our subscribers as a reliable exponent of that school.

RECEIVED—Hering's Analytical Therapeutics, Volume I. Boericke and Tafel. The Homœopathicity of Electricity. By R. N. Tooker, A. M., M. D., Chicago.

Editor's Table.

DR. J. F. BROWN has settled in Leslie, Mich.

DR. J. T. LOWRY is practicing in Delaware, O.

DR. JACOB HUMMELL has located in Louisville, Ky.

DR. D. B. MORROW has opened an office at 247 West 7th St., Cincinnati.

DR. E. W. CROOKS was married in December last to Miss. Julia Pierpoint and is settled in Parkersburg, W. Va.

JUST as we expected. Dr. S. S. Black one of the Pulte boys and Dr. Kate Shephardson of Columbus, O., were married at Stufgis, Mich., March 17.

DR. C. F. KUECHLER, so long known as one of the leading physicians of Illinois, has gone west on account of his health and settled in Leavenworth, Kansas.

PROF. W. H. HOLCOMBE has been obliged on account of his health to return to his former residence in New Orleans. The Doctor has won many friends during his short stay in our city, and we part with him regretfully.

WE regret to learn that our esteemed friend, Dr. L. de V. Wilder, was burned out in Hartford, Conn., a few weeks ago, losing his house and nearly all his library, furniture, surgical instruments, etc. The Doctor has removed to Rochester, N. Y., and he has the sympathy of his many friends in the noble attempt he makes to repair his losses.

Now that we are having so much marrying and giving in marriage among contemporary journals there may be those who are looking for a wedding, with the Advance as one of the high contracting parties. There is not the least danger unless we are to play the part of Aaron's rod and "swallow up the rest." Barkis is not willing.

Hippocrates Refusing the Presents of Artaxerxes.

We have been asked so many questions about our beautiful prize engraving that we have been obliged to employ the services of an able historian to look into the facts upon which the artist relied for his great representation. This gentlemen informs us that the whole matter is somewhat legendary as, indeed, are all the events of the great physician's life. The following beautiful story we think may be safely accepted as true.

The fame of Hippocrates as a wise and accomplished physician had spread beyond the confines of his native land to foreign courts.

Perdikkas, King of Macedonia, was supposed to be dying of consumption, and after the case was well advanced, as a last resort Hippocrates was summoned to his bed side. One of the first maxims of Hippocrates was that the physician should be a close observer of nature, and the manner in which he has described the face of death shows him to have been not only a close observer but a competent delineator.

In examining the symptoms of his royal patient Hippocrates noticed an aggravation of the febrile symptoms every time a lady named Phila approached and so changed the diagnosis from consumption to love, and prescribed Phila as the sovereign remedy, or as nature's remedy for the sovereign, and the recovery which rapidly followed showed the potency of the remedy and increased the fame of Hippocrates. In this manner the fame of the physician had reached the court of Persia and the Satrap Hystanus was sent by the King Artaxerxes Longimanus with presents to induce Hippocrates to come to the court of Persia and give the King the benefit of his medical skill, but Hippocrates sharing in the patriotism of his countrymen spurned the proffered bribes and declared that nothing would induce him to help the enemies of Greece. One of the most remarkable instances on record of a doctor's refusing a rich fee.

Like many other stories which have come down to us from the remote past, this of Hippocrates has been declared a myth. Nevertheless it has been celebrated in art and story, and is not only consistent with the character of his countrymen, but as likely to have been true as many another accepted without question or comment. In the beautiful engraving representing this scene in the life of Hippocrates the artist has faithfully depicted the scorn with which the great physician rejected the bribes of the enemies of his country. Even at a much later day than this scene in the life of Hippocrates is supposed to have occurred, honor and the love of man, were more potent to the physician than gold. In the group surrounding the central figure, surprise, cupidity and open-mouthed wonder are faithfully depicted.

We have been informed that artist proofs of this engraving are very scarce and readily bring from three to four pounds sterling, and this copy which is offered as a premium to subscibers to the Advance is pronounced by competent judges a remarkably fine print, such as any physician would like to hang in his office.

"HIPPOCRATES" neatly framed is a perfect beauty. Call and see ours.

BOERICKE & TAFEL will offer something new in their advertisement nearly every month.

WE modestly await the congratulations of our friends. We have put in a few changes where they will do the most good and hope to meet with the approval of all.

SCRIBNER'S MONTHLY $4 00 and the Medcal Advance $3 00, begin their volumes with the May number. The two for one year can be had for $6 00.

IF you want the Laboratory an excellent journal of chemistry, as a prize for prompt subscription to the Advance just say so when you remit to us.

THE way to subscribe for the Advance, is to do it at once by check, postal order or registered letter. Delays are both dangerous and fatal.

VOLS. I. and II. of the Medical Advance can now be supplied at the following rates: Full set unbound $2 00. Full set bound $3 00. We can furnish a beautiful cover for each volume full muslin, beveled edges, neatly labeled, for 75 cts.

AT the urgent solicitation of many of our friends, we will receive, to the end of May, subscribers entitled to our splendid prize engraving of Hippocrates. Now is your chance to secure the best medical journal and the finest premium offered.

CONTENTS.

J. P. GEPPERT, PRINTER.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., JUNE, 1875. NUMBER 2.

All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

Subscriptions to the ADVANCE should be sent to DR. T. C. BRADFORD, P. O. Drawer 1284, Cincinnati, Ohio.—$3.00 a year, IN ADVANCE.

AUDI ALTERAM PARTEM!—This is not to be taken as evidence of our knowledge of Latin but it is evidence that we are sworn to justice and truth. It means in plain English: Hear the other side. It might be improved upon: Hear all sides. An esteemed colleague writes us an indignant letter because he chanced upon a copy of the Advance, in which one of our correspondents advocated the medical use of alcohol. We don't like to take curtain lectures from chance readers of our journal. They don't understand us. In this case our regular readers know very well we have given the other side the fullest hearing and they know that we editorially lean to the practice of temperance in all things and do not use or recommend alcohol ordinarily in medical practice. But this writer saw only one side and goes off tangetically; besides he has settled the question of alcohol in therapeutics in his own mind and is therefore intolerant of opposing views. Very well the Advance will not suit him, for its motto is and ever will be *Audi Alteram Partem.*

DEAR DR. STAYATHOME. Just a word with you on personal matters. Not many of your family are subscribers to the Advance, or any other medical journal. You take it however when you can get it without pay-

ing for it. But this is not your chief characteristic. You are mostly known by your stay-at-home proclivities; not proclivities merely, but invariable rule of conduct. The early summer month is your harvest. Your competitor over the way, will most likely take his holidays in May and June attending the state and national societies. When he is gone you will revel in the bliss of having no competition. You can make material inroads on his patronage, don't you see? He will be sure to go and leave you a clear field. His absence is a god-send to you. You look forward to it each year with longing eyes. But let me tell you your neighbor is not the fool you take him to be, nor are you so wise as you seem. "There is that scattereth and yet increaseth and there is that witholdeth and it tendeth to poverty." Now dear Stayathome will you be wise and follow the example of your neighbor and the example of all wise men of the profession by throwing up the cares of your practice and going to conventions and taking hold of the work of advancing the interests of medical science? And you will experience a pleasure far more agreeable than keeping your nose to the grind stone twelve months in the year. Begin by visiting Put-in Bay June 15th and see what a fine body of men compose our National Society. You can't afford it? You can't afford to do otherwise. Only the penny-wise will intentionally miss these annual gatherings.

In Dubiis Libertas.—We are evidently in a classical mood just now. This last quotation finishes our present stock, and we present it for illustration. Says a valued friend in a private note:

You advocate too much liberality as you call it. I call it licentiousness and the freedom of which you boast is too often scepticism. I *know* that homœopathic medicines cure. I will admit that I have seen many cases reported that I saw at a glance were not cures but only recoveries, but that does not alter the fact that medicines cure when exhibited according to the law of *similia* and that even the higher and highest potencies do cure, I am sorry to learn that the same scepticism is thoroughly indoctrinated into your students. I do not think that mongrelism is an improvement or is progression but reaction.

From which it would appear that doubting is no crime unless indulged in by the Advance.

The writer does not hesitate to not only doubt but utterly reject certain alleged cases of cure. It is curious that the Advance can not indulge in a few such liberties without being anathematized. Perhaps however doubt is a matter of quantity and we have "too much" of it. Good friend give us your standard that we may henceforth conform to it. But let us see how near we stand together before we divide. We both admit the existence of doubt is both actual and necessary. We both take the liberty of indulging in it. We both believe "homœopathic medicines cure," "even the higher and highest potencies." We both reject many cases which are reported as cured. One of us charges the other with "licentiousness,"

"scepticism" and "mongrelism" and the other hurls back the defiant reply "You're another." Ah my good doctor this is all in open violation of the oft quoted motto "*in dubiis libertas.*" It won't do; pots must not call kettles black. You are hoisted by your own petard. As for our medical students (meaning we presume those of the college) they can answer for themselves whether they are taught to think as others think or to think for themselves. Now if the whole profession can see as this writer does and appreciate this position as taken by the Advance we shall be more than satisfied. It will show that we have some ideas worth contending about. As for the college which is a totally different corcern it can speak for itself, but we are assured that it will not swerve from the motto *In Dubiis Libertas.*

"One of the Lost Arts." A Sanguinary Renaissance.

Expectation was on tip toe. That renowned body of savans known as the American Medical Association met at Louisville. Dr. S. D. Gross, a gentleman almost as well known as the association, had been widely advertised to deliver a lecture on "One of the lost arts." The theme excited the highest curiosity. It was not easy to imagine what that lost art could be. And besides if now found could or would it be restored? And if restored would it be worth while to retain it? If these questions could be answered in the affirmative then Dr. Gross might consider himself immortalized. For such a boon the world would certainly canonize him. At last we have the lecture and the great discovery is out. It is BLOOD LETTING. The announcement was received with applause so the papers say. And so doubtless all the members agree with the lecturer that this is a genuine modern "bonanza." "There's millions in it." But Dr. Gross is mistaken, blood letting is not a lost but a discarded art. But it is curious to note the causes assigned by the lecturer for the discontinuance of this mode of medical practice since it had the sanction of two thousand years experience. It appears blood letting went out of vogue on account of, "1st. The tyranny of fashion" or in other words the people became wiser than the doctors and compelled them to desist. "2d. The indiscriminate use of the lancet," that is to say the doctors were just what Surgeon-General Hammond said of the army surgeons, too ignorant to use agents easily made dangerous. They dropped the lancet because they were killing with it more than they cured. "3d. The acquirement of a more accurate knowledge of disease." This would seem to have been unfortunate, for since

the disease can not be made to conform to the lancet and it was not right to have the lancet conform to the disease, it were better that the knowledge spoken of had never been acquired, and then blood letting would have gone on uninterrupted. This is good logic. "4th. Knowledge of medicines hitherto unknown." Yes knowledge has evidently caused all the trouble. First, it is a knowledge of disease that interferes with blood letting, then it is a knowledge of medicine, and so in the end the lancet was placed on the shelf with ignorance. But Dr. Gross is hopeful for the future. The lancet and blood letting will be restored. And by parity of reasoning the better knowledge of disease and medicines will pass into forgetfulness to be lost forever or to await their *renaissance* in some future, wiser age.

The Learned Professions; A Valedictory Address. By J. E. Baker, M. D.

In early times, the ambitious youth, full of visions of distinctions and glory, saw before him but one path leading to the goal of his wishes, the path to the field of victory, or the warrior's grave. He dreamed of the plumed troop, "the neighing steed," "the pride, and pomp, and circumstances of glorious war." But to-day, his ambition may take a wider scope; and among other fields of conquest, the learned professions stand, perhaps, the most prominent: Law, Theology, and that one so transcendently important in its bearings on society, and so rarely accorded the position which is its rightful due, the profession of Medicine.

Two hundred and seventy years ago, a learned and eloquent man uttered these words: "Of Law, there can be no less acknowledged than that her seat is the bosom of God, her voice the harmony of the world; all things in Heaven and Earth do her homage, the very least as feeling her care, the greatest as not exempted from her power." This indeed is an eloquent and beautiful eulogy. Yet when we come to scrutinize more closely this being that rests in the bosom of

God, we behold it in an aspect very different from the eulogist's ideal. It stands before us as an enormous policeman, a policeman, and nothing more, erected out of the necessities occasioned by the worst evils of society and sustained by delegated power, granted for the purpose of preserving your pocket book from the thief, and "my life, limb, body, health and reputation," from the attacks of the ruffian and the knave.

This is its final cause, and this alone. Necessary, indeed, it is, as jails and iron bars are necessary; useful, as drains are useful, to render innocuous the atmosphere we breathe, but hardly realizing the poetic conception, of the one who wrote the words I have quoted. It indeed "rests in the bosom of God," for he is a just God and has decreed that there shall be rendered, "an eye for an eye and a tooth for a tooth."

Look then at this majestic image of the Law! There it stands, stern, dark, inexorable a veiled image with a mailed hand. And does not a man resemble the God he worships? a soldier pattern after the general whom he serves?

And what shall we say of Theology? We might reverently pass it by in silence, but the day of silence is passed. The claims of Theology must be subjected to scientific and historical criticism, especially so since Theology and Religion are not one and the same. Says the learned and accomplished scholar Max Muller "Theology is a body of doctrines handed down by tradition or contained in canonical books." "Religion is that faculty which independent, nay in spite of sense or reason, enables man to apprehend and long for the infinite." Now while we give to Religion the highest place in our hearts, we make bold to say that Theology studied as a science or rather as a system and practiced as a creed, has been of very doubtful use to the world. History alone can tell the sad story of the blind fanaticism and superstition out of which have sprung famine, war and death. "O Liberty, Liberty, what crimes have been committed in thy name!" So said the dying patriot. And we know that the fair name of Religion has been equally dishonored by multitudes in all lands and ages. * *

For centuries was there war between Science and Theology

even Religion took its tints from the tyrannical Theology of those dark ages of ignorance, and bigoted power. "The world was a dungeon, man a worm, and Nature a temporary veil, miserably interposed between God, and the human soul," and this simply for the reason, that theological power claimed the privilege of controling the conscience and Religion of man. And it would seem, that this conflict has not entirely ceased, even to-day. And yet who will deny that Science is the search for Truth, and who will deny that Religion is the aspiration of man's highest and noblest nature, after the unsolved mystery of his being? Thus is Science and Religion, ever one. Why should they not go, hand in hand, even up to th eThrone of God?

The Theologies of the past have come and gone, like bubbles on the ocean; the vast plains of antiquity are strewn with their ruins, which only stand as land-marks of ignorance, striving with an impotent arm, to fathom the mysteries of the great unknown. The Science of to-day is busy, with ruthless hands, tearing down the superstitions of to-day, and it is building up, stronger and higher, the foundation and superstructure of Medicine; and together, hand in hand, shall they move on, Science and Medicine, twin sisters in their joint origin from the same divine source, and together shall they work out the problem of human perfection, and give to the world a higher race.

The profession of Medicine, if it received its righteous dues and was purged of its impostors, would have no peer in usefulness and dignity; for Medicine as well as Law, "was born in the bosom of God," and eternal justice would cease to be eternal did it fail to place within reach of suffering humanity's trembling hand, a remedy, and a law for its application. Medicine has been called the "healing art," yet it is more than this, much more. Its object is the prevention, as well as the cure of disease; and the reformation of mankind, in its real and widest sense, is a problem for the physician, no less than the statesman. There is not a Science that is not in some way its handmaid; not an art that its professors have not graced. From remotest history, its

advocates have always been the pioneers of progress and thought. In the past, they preserved Science from its grave and breathed into it again the breath of life

Medicine and Philosophy have always gone hand in hand. Aristotle, the Philosopher, the writer, the Logician, was a physician. The Medical profession of ancient Greece was always drawn from the philosophical class. They were the teachers of the age.

Plato was a physician and a greater name than his has never arisen. Under the first Ptolomies, two thousand years ago, the physicians were the natural historains, and they organized for the first time, hospitals for the sick. They founded universities of instruction. Thus, they administered to the mind, as well as the body. In all the mental emancipation of that era, the physician took the lead. When Europe was no more enlightened than Cathay, Saracen physicians were creating and preserving Science, as well as philosophy, mathematics, astronomy, chemistry and medicine. Always has the physician been the disciple of free thought. From Hippocrates who four hundred years B. C. overturned the Greek idea that disease was caused by the anger of the gods, to the modern thinkers, who are working to-day for reform equally as great, the physician has ever been the foe to superstition—the enemy to dogmatic belief. His life, his education, his habits of thought, lead him to desire to see things as they are, to know facts, to learn the truth and nothing more.

What a galaxy of illustrious names I might repeat to you, names which the world has nearly forgotten, for they worked in silence and often in gloom. Think of the illustrious Harvey, working for twelve long years, and with all the intensity of his profound intellect, upon the discovery of that wonderful problem of vital mechanics, the *circulation of the blood*, a discovery that shed light where all before was darkness, and of receiving as a reward, for this incalculable gift to science and the world, the epithet of a "fool."

Go scan the records of time; marshal forth those heroic names whom the world has seen fit to honor, the warriors,

the statesmen, the sages; those who have stood on the pinnacle of fame, and have looked down upon an admiring and worshiping world; and find one more worthy of honor, than that humble son of an English clergyman, who dwelt among the secluded vales of a small English parish, Edward Jenner. Such souls as his give one faith in the divine origin of man. It is meet that we should bow with reverence, before the genius of the past, for to them we owe much. Ambitious, restless spirits who die for glory the world never forgets. But that genius, which was truly sublime, and worked with all the energy of a great, and magnanimous soul, amid the quiet and seclusion of English hedge-rows, not for wealth, not for the "vain pomp and glory of the world," but the great, suffering and throbbing heart of his fellow man, and those untold millions, that still lay unborn in the mysterious womb of time,—what was his reward? And in his own melancholy language,—he became the mark for them all to shoot at—a guilded bútt, forever pierced by the arrows of malignancy. But the story is an old one; Christ who preached the Gospel of peace, was nailed to the cross. Mahomet, who taught "that the way to Paradise was under the shadow of swords," expired in his Arab tent, and nine thousand millions of believers have died in the faith that he was the "Prophet of God."

The story of some fabled hero, who, with enchanted sword, slays the monster that has been ravaging the land, fascinates our imagination, But what did this latter day hero, this moral hero, who lived in the little parish of Berkly? For thirty years he fought one of the most hideous and loathsome monsters that ever sent terror into the soul of man—the SMALL-POX! And amidst the hisses, of his contemporaries, at last he placed his foot upon its writhing neck, and chained it down forever. And what was the result? Fifty thousand lives, are annually preserved to England alone, and millions of treasure are saved to her coffers. There is one of the heroes of medicine; name a greater who can!

After all "The proper study of mankind is man," and the noblest profession is the one, which embraces in its totality,

physically, mentally and morally, that being who represents the crowning act in the world's progressive growth, and who might be "how noble in reason, how infinite in faculties, in form, in moving, how express and admirable in action how like an angel, in apprehension how like a God." Who might be, but alas, who is not, and whether he will ever realize in all its beautiful significance, the grand conception set forth in the poet's words, depends more upon the "Coming Physician," than upon the representatives of any other class of men.

Of the destiny and mission, then, of this beautiful science of Medicine we have great hope. "Art is long," and the world has always hastened slowly, yet its growth has ever been progressive. It is said the majestic cathedrals of medieval Europe, were built by gifts from many loving hands; each element contributing to its growth and grandeur, being brought as an offering of love from some distant place. Perhaps this gift was a simple plainly cut stone, perhaps a beautiful statue of some saint carved with all the consummate art of genius. And thus the majestic pile grew, until it seemed to touch the clouds. They, the workers, have faded away, but their labors remain to testify, and still stand, like a sublime dream in marble and stone, an image of their Faith and Love.

Thus, too, hath grown the beautiful Temple of Medical Science, stone upon stone, and year by year, by contributions, brought and laid by loving and devoted workers. They have gone, many of them, yet their places are always filled by others equally devoted, skilled in Art, and filled with enthusiasm and love,—who are carrying on the sublime work to its completion. The building may still be unfinished, the pinnacle of the Temple may not yet touch the stars, yet the day will dawn, when it shall stand, complete and consummate, in its grand repose, a wonderful sublime specimen of Divine Art.

Holcombe's Clinics.

Clinical Observations. By Wm. H. Holcombe, M. D.

CARDIAC COUGH.—This man says his doctors have treated him for asthma and bronchitis. He has a very distressing cough, dry, hacking, whistling and with decided shortness of breath, amounting sometimes to asthmatic dyspnœa. It is excited by active exertion, walking rapidly, and even by mental excitement. He is compelled sometimes to sit up in bed and cough and wheeze for an hour at a time. He feels always that he would be relieved by a free expectoration but nauseating remedies, taken for that purpose, produce no permanent amelioration. He has had two or three slight hemorrhages and has always felt better after them.

What is the matter with this man? Not pulmonary consumption, for notwithstanding his hemorrhages and a cough persisting for nearly a year he has lost no flesh, but is fat and florid. Not asthma at least neither bronchial nor spasmodic asthma, because he has no definite paroxysms of dyspnœa, leaving him well in the intervals between them. Not bronchitis, acute or chronic, because he has no fevers, no persistent increase of expectoration and no auscultatory evidence of that disease, his lung symptoms are not primary but secondary.

This patient is an old rheumatic and his real disease is mitral insufficiency and the consequent regurgitation of blood back from the left ventricle into the left auricle at every ventricular systole. This is evident from the strong murmur heard during the systole over the whole area of the left half of the heart and even at the back, from the singular variableness of the pulse, not intermissions, or want of rythm, but frequent variations in caliber or volume, and lastly from all the symptoms of pulmonary congestion which seem to constitute, but does not the morbid condition.

It would be useless to give this man *Tartar Emetic*, *Sanguinaria*, *Nux Vomica*, *Rumex* or any other remedy addressed specially to the state of his lungs. I recommend very moderate diet, total abstinence from tea and coffee, physical repose, and *Digitalis* 3d and *Arsenic* 6th alternately every 3 hours, and I am confident that a week's time will show a considerable improvement. His cure is altogether out of the question.

IDIOPATHIC ASCITES.—This is one of the most curious cases I have ever met, extensive dropsy of the peritoneum without any assignable cause, and apparently independent of any chronic or organic disease in any portion of the body.

The woman is 33 years of age, married, but has never borne children. Her sickness began with pain in the stomach, especially after eating. Dyspeptic troubles with severe abdominal neuralgia have gone on for the last four months with a gradual accumulation of fluid in the peritoneal cavity. Her symptoms at present are these: Abdomen as large as a woman seven months gone in pregnancy. Fluctuation of water very distinct on palpation. No tenderness on pressure anywhere but soreness on tapping strongly on the finger throughout the lower half of the abdomen below the navel and especially in the median line. Has two passages daily and complains of dull aching pain throughout the abdomen. Has great lassitude, occasional thirst, but no distinct fever.

Her courses are regular but scanty. Has appetite, sleeps well and attends to all her duties. Pulse never falls below eighty nor rises above ninety.

There is no trace of heart disese, or liver disease, or kidney disease, or ovarian trouble; no tumefaction in the gastric, hepatic or ovarian regions, no œdema of the extremities, no ulcer of the stomach; no evidence of obstruction of either the general or the portal venous system, and no antecedent history of peritonitis either acute or chronic.

There are no symptoms in this patient of alcoholism, or tubercle, or cancer, or syphilis, no albuminaria, no emaciation. Her case seems to be one of latent, idiopathic chronic peritonitis almost without symptoms and the effusion of fluid

is due probably to impoverished blood and exhausted nerve power, which have produced a passive congestion of the peritoneal capillaries.

Arsenicum appears to be in this place the predominant remedy, and as she has never before tried Homœopathy its effects may be very striking. I begin with the 200th in such cases, and if necessary descend by degrees to the lower and even the lowest attenuations.

BELLADONNA 200TH IN ABORTION.—I was detained all night lately with a case of threatened abortion. Patient nervous, restless, foreboding; two months pregnant, os uteri dilated to admit the tip of the little finger. Flow considerable; bright red; with violent pain in the back and pressure downwards. Pains came on every 10 or 15 minutes. After giving *Arnica*, *Sabina*, and *Ipecac*. *Chamomilla* successively and all in vain, I put the patient on *Belladonna* 200th a dose after each pain. She took but three doses, the pain ceased, the flow stopped and she had no more trouble.

HYDATIDIFORM MOLE.—I saw a case lately of this peculiar degeneration of the ovum. It is very different from the vesicular hydatids which may occur even in the virgin. It was discharged about the 14th week of pregnancy. The membranes attached to the degenerated chorion were distended with a yellowish albuminous water to the bulk of a goose egg, in the midst of which floated the blighted ovum no larger than a small pea. The lady had had no symptoms of pregnancy except the arrest of the menstrual function. She was taken with a slight sanguineous discharge without any discernible cause and entirely without pain. This continued for a week, when suddenly she had one bearing down sensation, and the mass gushed from her, followed by fearful hemorrhage. The hemorrhage was so great that she fainted away and became perfectly pallid. *Secale Cornutum*, *Sabina* and applications of ice having failed to arrest it, I introduced a sponge tent into the os uteri. When this began to expand, dilating the os, she became nauseated, and every

5 or 10 minutes would have a terrible sick spell attended with faintness. After about three hours she vomited, and in the effort the sponge tent and a large clot of blood was forcibly extended from the vagina after which all hemorrhage ceased, and the case progressed favorably.

Remember when you have a case of uterine discharge going on in this manner entirely without pain, never to leave the house without giving some intelligent member of the family minute directions for the management of a sudden and alarming uterine hemorrhage.

GERANIUM IN SICK HEADACHES.—I met a lady not long since who was taking *Geranium* 1st centesimal trituration; for a violent sick headache. Some New York physician had prescribed it for her, and she said it had benefited her more than any thing she had ever taken. I have tried it since in several cases, which had resisted *Iris*, *Atropine*, *Caffeine*. *Spigelia*, *Veratrum* and other notably efficient remedies, and with very satisfactory results. We have no proving of it and therefore no key note to its use. I can find nothing in eclectic or allopathic authorities pointing to its use in similar cases. These headaches are so intractable, and a remedy good at first so often seems to lose its power over the case, that it is well for us to add as many agents as possible to our therapeutic store house.

VACCINATION IN ROME.—In January last the Provincial Sanitary Council of Rome, finding that annual vaccination in Rome and in the entire province was unsuccessful, unanimously urged the Minister of the Interior to nominate one of its members as the conservator of vaccine for the commune of Rome. The minister has given notice to the Prefect of Rome that in the official vaccinations in the province, animal lymph is to be abandoned, and human lymph used as was formerly done.

Physiology.

Lymphatics of Serous Membranes.* By J. D. Buck, M. D.

Serous membranes consist essentially of a cellular layer, the endothelium, a basis membrane or substance, blood vessels, nerves and lymphatics.

Until a comparatively recent period their anatomy has not been well ascertained, but the investigations of Recklinghausen, Schweigger-Seidel and others, and more particularly the later investigations of Klein have resulted in a very exact and comprehensive description of these structures.

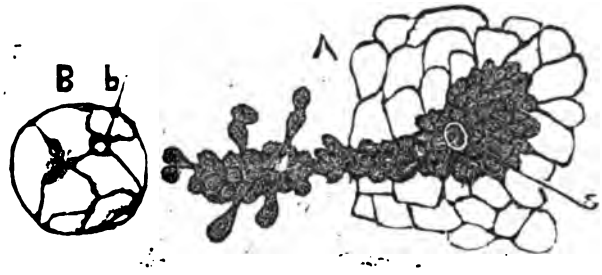
The more important of these later discoveries consist in the discovery of openings between the endothelial cells, which are called stomata, and which are supposed to be the commencement of lymphatic tubes, communicating directly with the serous cavity, and in the relation of the lymphatic tube to the blood capillary. Under certain pathological conditions, induced experimentally, a proliferation of cells has been observed around these stomata or mouths, by a process called budding, during which process the mouth of the lymphatic becomes more and more distinct. Sometimes under the induced tubercular inflammation the stomata become plugged by a fibrinous deposit distinctly visible in silver stained preparations from the centrum tendinum of the Guinea pig.

This budding process takes place very rapidly, the cells multiplying by segmentation, the nucleus first dividing. In other cases a sprouting process is observed, the cells putting off and multiplying from a protoplasmic foot-stalk which connects them with the endothelial surface.

These cells are frequently observed in amœboid movement, and are formed from lymph corpuscles furnished by the tubes.

Beside the "true stomata" are found also "pseudo-stomata" and "vacuolated cells."

*Klein's Anatomy of the Lymphatic System. The Serous Membranes, London, 1873.



In figure 1, B represents one of these vacuolated cells, the walls of which have been differentiated into epithelial plates, and b its stomata. A represents a layer of endothelium, in the center of which is seen a stomata c, from which a prolif eration of cells is taking place by budding and segmentation.

The lymphatic tubes consist of distinct tubes and lacunæ, both of which are represented in Fig. 2. In the former the well known valvular structure may be observed, but the existence and structure of the latter the lacunæ are not so well known. They are described by Klein as a "labyrinth of spaces" and consist of irregular flattened spaces between adjacent tissues, they are believed to be in direct communication with the lymphatic tubes proper which merge in them losing their endothelium covering.

The contour of the lacunæ then would seem to be largely determined by that of the adjacent tissues.

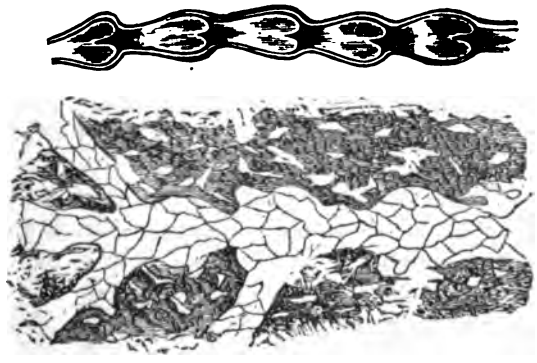


FIG. 2.

A very important relation has been observed between these lacunar spaces and the system of blood capillaries. In the first place the change from the lymphatic tube proper, with its valve and endothelium envelope to the irregular, flattened, denuded, valveless lacunæ takes place at the point where the capillary blood vessel enters the lymph-canalicular system, and the lacunæ enclose the plexus of blood vessels, as the malphigian corpuscles of the kidney encloses its plexus of vessels. This is shown in the accompanying cut Fig. 3.

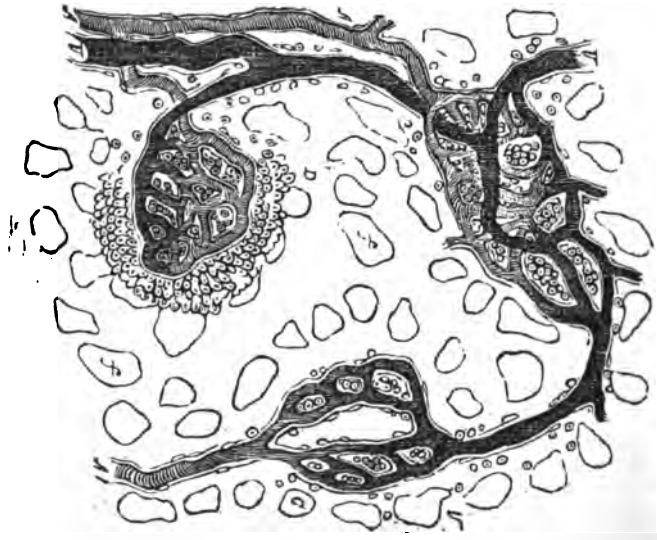


FIG. 3.

No more important addition to anatomical knowledge has recently been made than this contribution of Prof. Klein to which I am indebted for both the above substance and drawings, the latter being very rude when compared with his beautiful plates. It is unnecessary to dwell on the very important histological relations here shown: by this mechanism the contents of the lymphatic system is brought into direct contact with the tissues on the one hand, and the blood capillaries with the lacunar spaces on the other, and the very

important part which the lymph corpuscle plays in the process of nutriton is seen to be facilitated by the most complete anatomical adjustment.

Surgery.

Early Change of Dressings of Broken Limbs. By H. R. Arndt, M. D., Ionia, Mich.

One of the main drawbacks on professional life in smaller cities and in the country is the fact that, being removed not only from centers of intellectual life, entailing upon the ambitious practitioner the loss of close professional intercourse with men of high attainments and of acknowledged prominence in their profession, thus robbing him of one of the greatest advantages a man of fixed purpose and high aim can enjoy, but being removed also from the great centers of commercial activity, the practitioner looses the chance for that extensive observation and accumulation of experience in those branches of the healing art, which from their very nature can be practiced extensively in large cities only, and consequently his whole development as a medical man becomes one sided and crippled. It is true, he may occasionally amputate a finger, but the insignificant operation assumes magnificent proportions in his eyes in spite of himself, simply, because it is a thing of comparatively rare occurrence; or he may every few months be called upon to treat a case of bone surgery and when such an event does occur it is of startling importance to many of us.

When I remember these facts I almost wonder at my

audacity, daring to write up an article so intimately connected with that very branch of the profession, of which we poor country physicians are, perhaps justly, presumed to know little.

I have often observed that cases of bone surgery, treated by men who are supposed to be well posted in anatomy, surgery, etc., and who are known to have a special adaptation for and a reasonable amount of experience in such work, have turned out complete failures, although the fractures were carefully and properly adjusted, all the surrounding circumstances, including temperament, habits and health of patient as well as careful and prudent nursing as favorable as could be desired and every pains taken by the surgeon to insure complete success. I have farther observed that much attention was paid in a majority of such cases to the putting on of very elaborate dressings (and the more cumbersome and complicated the more satisfactory) but that particular anxiety was manifested not to disturb the dressing or the fractured limb for a long period, sometimes perhaps weeks. Being somewhat radical in my make up and remembering the fact, that surgery, as it advances yearly, makes simplicity of dressing one of its most important features, I came to the conclusion that we only too often fail to do well by our patients because we have learned to aim more at a certain amount of display and fussing, than let plain, good common sense, mated to a well trained, gentle hand and a clear head guide us in our work. I have often marked the difference between the inexperienced and the practical, tried surgeon. The former seems to feel confident of suceess in the ratio of elaborate and complicated splints used, while the latter is much more apt to feel satisfied with a dressing, which mainly consists in a piece of shingle and a few yards of common bandage.

While I have not had an opportunity to do a very extensive surgical business, I have nevertheless for some years past done quite a little bone surgery, more or less complicated; and in treating such cases I have gradually accustomed myself to use as simple a dressing as posssible, relying upon

a piece of thin board, a simple bandage and some soft material for padding, etc. I have simplified my dressing of course, taking pains to adapt it to each individual case with all its peculiar requirements and indications, my success has grown more and more satisfactory. I have gradually lessened the interval between the first and second dressing, carefully watching every case, until for the last few years I have dared to remove all the bandages the third day after the first dressing and to completely redress the fracture at least every other day after that; taking pains of course not to allow any one but myself or a very careful assistant to touch the broken limb. My dressing has generally consisted in a tight fitting bandage next to the skin, taking pains to have it fit well and smooth as possible. Then I put on the splint or splints, manufactured with the help of a jack knife out of a piece of thin board, putting in padding to meet the special indications of the case (such as raising up the lower fragments of the broken bone) and holding these in place by an external bandage, firmly applied, of course using weight for extension as circumstances may demand. The third day, after placing the limb upon a pillow, I remove all the dressing, wash the limb carefully in warm water and soap, and after a few days add to that the use of a reasonably stiff brush after bathing. None but those who have themselves suffered with a broken limb tied up firmly, chafed, sore, burning, itching, can appreciate the luxury of early bathing and gentle friction. After every bath I redress the limb as before and commence the use of cold shower baths as soon as practicable, varying from 10 to 14 days after the first dressing, according to the nature of the fracture and the condition of the patient. Every case I have treated upon this plan has done nicely; well enough at least to insure a rapid recovery and to satisfy the highest expectations of the patient.

Case I. L. I., aged 23; compound fracture of tibia and fibula at lower third, caused by rolling of a log upon the limb; dressed 10 hours after accident occurred; found limb badly swollen; after liberal use of cold water set the bones and dressed with simple bandage next to the skin; applied

splints as generally used by the profession, then external bandage and extension by weight and pulley. Third day after removed all the bandages, etc., of course leaving weight and pulley intact. After slipping a pillow under the limb used *Arnica* lotion for three hours, then gently bathed the limb and redressed it. Similar treatment every other day for four days, then redressing every day. On the 20th day pouring a small stream of water (from the hight of about one foot) upon the limb at and near the place of fracture, keeping up a steady stream for three minutes. Similar treatment every day for two weeks, increasing the force of the douche and lengthening out the time of application. Just six weeks after the accident occurred met patient near my office, walking with ease and assistance of a cane. Three months after the accident went to work plowing on his father's farm. Limb shows no shortening and is apparently as strong as its mate.

Case II. Mr. L. M., aged 59; was called in December 28th, 1874; fall; oblique fracture of the ulna about 1½ inches above its distal extremity with dislocation of the head of the radius forward; also transverse fracture of os magnum.

Reduced the dislocation in the usual way and after adjusting the fractured bones, dressed the arm with dorsal and palmar splints, applying as before a tight fitting, dry bandage next the skin, then splints, then other bandage, extending the splints to the extremities of the fingers. Removed bandages, etc., the third day, used baths and etc., as in case I. Commenced to make slight motion on the 14th day, and shower baths daily after the 20th day; had all the bandages removed in thirty days, with the exception of a thin card board fastened around the wrist, comfortably supporting and protecting the injured arm. March 1st, 75, he has *all* the motions of the wrist nearly perfect. Wrist enlarged very little only. Can not quite close the hand, but uses it constantly in the store doing up packages, etc. Have used strong current of electricity twice, March 29th and April 1st, 75. Succeeded to-day in closing the hand entirely. I may add that Mr. M. has had repeated and very severe attacks of rheumatism.

I have given these two cases only because they are the

only ones I have entered in my diary. I claim no originality in the treatment except my habit of early and frequent changes in dressing. But being convinced that *patient* and careful handling of a broken limb will make it safe to follow such a line of treatment and knowing from personal experience the agony a patient endures from the lack of such early attendance, I take the liberty of calling the attention of the profession to it.

Chronic Synovitis,—Bryonia 30th.—Iodine Locally, Followed by Arsenicum (Fowler's Solution). By O. W. Lounsbury, M. D.

M. D., of Irish nativity, aged 50, by occupation a laborer, presented himself as a clinic at the Free Dispensary for treatment for an enlargement of the right knee joint. From his history were gleaned the facts as follows: Four years ago, while kneeling down to adjust a tape line, he was seized by a sudden stitch in the right knee. Severe pain followed and the knee began to swell. This continued for about two months when it subsided and gave no further trouble until three weeks prior to this visit October 6th, 1874.

At this time the knee was quite puffy with unmistakable fluctuation, temperature somewhat elevated, lameness on walking, partial dislocation by fluid pressure, inability to straighten the leg, the least side pressure when standing throws the knee partially outward The patient knows of no cause for the recurrence of the symptoms after the lapse of four years, the pain setting in suddenly while seated at dinner. The patient has had rheumatism now and then—works a great deal in the water. Justice requires me to state that he drinks freely of bad whisky.

Diagnosis: Chronic Synovitis.

Treatment: *Bryonia* 30th from Oct. 6th to Dec. 8th, and local applications of *Iodine* Nov. 10th and every second day thereafter for ten days.

On the 8th, of December, the patient returned with a slight alleviation of stiffness and pain in knee joint. An eruption began this time to appear upon this leg above and below the joint. Gradually this eruption assumed the form of tumors of purplish hue upon a base, which soon discharged sanguineous pus A large phlegmonous abscess formed in the calf below this joint, and as it developed, discharged and healed, under the use of *Fowler's Solution* of *Arsenic* three drops three times per day, the knee assumed its wonted size and strength.

Early in January, 1875 he was discharged from all treatment sound and well, with instructions to use no more bad whisky, to which advice he promised faithful adherence.

Case II. Mrs. K., of this city, brought to my office, on the 20th of February, a little boy two years of age.

The child had been very backward about learning to walk. He had walked for a short time by supporting himself with chairs. Gradually he ceased to walk and would bear but little or no weight upon his right leg. The knee was enlarged and somewhat stiffened. Forcible flexion and extension would produce but little pain. Fluctuation in the joint was easily distinguished.

Careful questioning reveals the fact that no accident or injury had occurred to the child. This enlargement was of about three month's standing.

Believing it to be a sub-acute disease, resulting fron constitutional cause, I began the treatment with *Calc. Carb.* 3rd trit., 2 gr. doses 3 times per day. Continued the same until March 4th when the swelling gave evidence of improvement. On this day I gave in alternation with *Calc. Carb. Apocynum* internally and also had it applied as a lotion to the knee. On the 15th the swelling had disappeared. Prescribed *Calc. Carb.* 30th which completed the cure.

I regret my inability to get the family history as it might have thrown some light upon this case.

Theory and Practice.

Characteristic Indications in Diarrhœa, Dysentery, etc. By L. C. Crowell, M. D., Syracuse, N. Y.

I have found the enclosed indications in my portfolio and they are valuable to me and may be to others. They are gleaned from different authors combined with my own experience. We have a great deal of bowel difficulty here and I must say that my success has been pleasing. Out of nearly two hundred cases cholera infantum and summer complaint, I have not lost a case, neither has a case gone out of my hands until discharged cured, and I have taken almost hopeless cases from my allopathic brethren and been successful.

A homœopathic physician from an adjoining county once asked me how it was that Syracuse physicians had such grand success in those difficulties. I showed him my portfolio filled with characteristics as applied in different diseases. An hour every day devoted to careful research, will soon fill a book worth more than all the materia medicas combined.

Acid Mur.—Involuntary discharge of watery stool while urinating; smarting and burning in rectum and anus, prolapsus ani.

Acid Oxalic.—Morning diarrhœa, soft watery stool with colic and pressing in rectum, returning as soon as one lies down.

Acid Nitric.—Chronic diarrhœa with soreness of intestines, discharge of serous liquid and symptoms of intestinal phthisis. Chronic dysentery with discharge of blood, serum and disorganized mucus, colic before stool, nervousness and debility after.

Acid Fluoric.—Watery diarrhœa in morning after rising; protrusion of anus during evacuation.

Aconite.—Watery stools; frequent small stools with tenesmus; stools like chopped spinach.

Aloes.—Dysentery with tenesmus, burning and cutting in rectum, burning and heat in bowels, rush of blood to the head. Whole body feeling hot during an evacuation and distress in region of the liver.

Alumina.—Watery, bloody discharge with heat and tenderness in bowels.

Ammon. Carb.—Bloody and mucous discharge, pain in bowels, colored urine, smells ammonical.

Ammon. Mur.—Colliquative diarrhœa, even in phthisis abdominalis.

Antimon. Crud.—Alternate constipation and diarrhœa of old people. Stools often liquid containing solid matter.

Arnica.—Discharge slimy; purulent; distressing tenesmus in rectum and anus and even of the bladder. Involuntary stool during sleep.

Arsen. Alb.—Cholera Infantum, child pale; emaciated; œdema of the extremities and face; great thirst; drinks little; stool brown mixed with blood, foul smelling, almost constant urging; stool slimy and yellow like stirred eggs, worse after eating.

Asarum Europ.—Diarrhœa consisting of tenacious mucus. During stool discharge of thick black blood. Prolapsus ani during stool.

Bell.—Heat in the head alternating with diarrhœa, several watery stools immediately after profuse sweat. Involuntary stool from paralysis of sphincter ani.

Bryonia.—Cholera Infantum; gag, and vomit a good deal. Discharge of mucus and blood, preceded by hard stool, accompanied by fermentation almost impossible to retain. Involuntary while a sleep.

Calcarea Carb.—Diarrhœa during dentition, slimy foul smelling; vomiting curdled milk.

Camphor.—Involuntary discharge, stool like coffee grounds.

Cantharis.—Blood streaked mucus or white with tenesmus; burning in anus during stool, chilliness and tenesmus after.

Capsicum.—Slimy diarrhœa with tenesmus, smarting burning in anus. Thirst, drinking produces shuddering.

Carbo Veg.—Slimy fœcal diarrhœa of scrofulous children. Burning at anus after stool.

Cham.—During Dentition, green, slimy yellowish foul smelling.

China.—Discharge slimy, bilious, black or mixed with undigested food, painless debilitating diarrhœa. Worse at night after eating. (scrofulous children with large abdomen.)

Cinnabaris.—Soft, scanty stool twice a day, preceeded by pinching in bowels. Bloody dysentery, thin stools with tenesmus.

Cocculus.—Stool followed by tenesmus of rectum causing fainting.

Colocynth.—Dysenteric diarrhœa, renewed after food or drink. Chronic with slimy stool or soft with tenesmus, sedimentous urine.

Croton Tig.—Stool green or yellowish, with burning at anus. During stool perspiration. Stool comes out with a gush.

Dulcam.—Pinching, cutting in bowels; bloody diarhœa; morning diarrhœa. Sleeping worse after 3 A. M., better in all respects in evening.

Ferrum Met.—Slimy, bloody stools with tenesmus. Colliquative of consumptives; worse mornings. Bad sleep before midnight.

Hell. Nig.—White jelly like stool, burning, smarting in anus after evacuation.

Hepar Sul.—Green, slimy stool with sour smell.

Hydrophobin.—Dysenteric stool with tenesmus, renewed at sight or sound of water.

Ipecac.—Fermented stool, green as grass. Bloody, nausea and colic; smells sour.

Jalap.—Diarrhœa of infants; violent restlessness and crying; watery of grown persons decrease of pulse and heat.

Kali Bi.—Dysentery, pain at navel, bloody evacuation. Drives one out of bed in the morning, watery discharge with a gush followed by tenesmus.

Magnes. Carb.—Green, frothy, sour; good deal of wind in bowels.

Merc. Cor.—Stool yellow green. Tenesmus, vomiting bile, cramps in calves, stitches in side. Painful bloody stool with vomiting.

Merc. Sol.—Sudden desire while walking, compelling one to stand still, causing anxious perspiration, later, stools forcibly gush out in a hot burning stream of yellow matter, followed by debility, hiccough and belching.

Merc. Vivus.—Undigested stool, black tenacious, (like pitch) smells sour, excoriating, discharge bloody mucus with colic. Chilliness between stools, nausea and eructations during stool.

Mezereum.—Soft stool in the evening, fermented stool, not fully digested, very offensive and sour; chill before and after stool.

Natrum Mur.—Watery stool discharged with a gush. Throat and neck of children emaciate rapidly.

Nux Mosch.—Stool undigested, food (like chopped eggs). Loss of appetite and great sleepiness. (children.)

Oleander.—Chronic Diarrhœa of undigested food, burning in anus before and after stool.

Opium.—Thin watery stool. Involuntary discharge, foul smelling.

Phos.—Chronic, painless, undigested food. Thirst during night. Colliquative of consumptives.

Plumbum.—Bloody, watery diarrhœa, with vomiting and violent colic.

Podophyl.—Morning diarrhœa, stools green, slimy, very offensive, with gagging and excessive thirst in children.

Pulsatilla.—Frequent soft, diarrhœic stools, yellow or mixed with blood, preceded by cutting in abdomen or pain in back. Diarrhœa comes one day in forenoon, next day in afternoon; stool changes in nature at each evacuation.

Rheum.—Sour fetid discharge, during dentition. Always some congestion about the head. Fever and dark colored, smarting urine and dysuria.

Rhus.—Dysenteric diarrhœa accompanied with pain and blood, especially in Typhoid. Pains streak down limbs with each evacuation. Feeling of great weight in rectum after evacuation.

Sulphur.—Diarrhœa painless, driving one one out of bed in the morning. At night with colic and tenesmus, of watery white, mucus smelling sour. Fetid, watery, or involuntary, of scrofulous children. Diarrhœa as if the bowels were too weak to retain its contents.

Secale.—Debilitating diarrhœa with sudden sinking of strength discharges watery and of mucus. Involuntary and very watery.

Verat.—Watery, greenish diarrhœa, mixed with flakes; blackish diarrhœa. Insensible discharge of thin stool (while passing flatulence.)

Uterine Diseases. By Julia Ford, M. D., Milwaukee, Wis.

I do not purpose in this paper to lament over the prevalency of uterine diseases or speculate to any great extent upon the exciting or predisposing causes. We all know they are incurred to a very great extent by a total disregard of health.

That there is a time coming, and that in the near future, when uterine diseases will be be better understood and more scientifically treated I haven't a doubt. Women have suffered more than the heroes of of the old Romish inquisition in the manner that has been devised in their treatment.

When physicians shall deem it as much their duty to teach people how to prevent disease as to cure them; when a proper attention to hygiene in exercise, in diet, in dress; when to be healthy shall come to be regarded a Christian duty, and the now prevailing ignorance of physiology a disgrace and a crime; when bandages improperly adjusted after parturition which as practiced in many cases by compression forces the organ backward into the hollow of the sacrum, the discomfort endured from the mistaken notion that the comeliness of the form will be the better preserved then will uterine diseases be less common.

This manifestly wrong practice is I believe a fruitful source of uterine disease; and which is as surely doomed to dethronement as the mischievous dose of castor oil once so universal.

In several cases that have come into my hands for treatment I have found displacements and endometritis directly traceable to interference of the process of involution. It is a common practice for women to tighten the bandage from day to day and in this condition of sub-involution when the tissues and the mucus membrane within the cervix are prone to become inflamed is it any wonder that the most alarming and distressful results must follow. It always has been a matter of surprise to me how any person acquainted with the normal position of the uterus in the pelvis and its relation to the superior strait could fail to see that mechanical and compulsory appliances can only do damage.

Let nature's own gentle hand accomplish the work of involution, nor let us dare interfere with our bungling management.

Upon referring to my clinical notes of cases which I have been called upon to examine and treat the year past, I find often repeated this query after a page of detailed symptoms: Are the symptoms the result of inflammation or nervous irritation?

It has been my experience and no doubt of many to find a long catalogue of symptoms of metritis and endometritis, and yet upon examination find no appearance of inflammation whatever, and I am led to believe except in acute inflammation of the uterus it is in many cases exceedingly difficult to analyze the symptoms necessary to determine upon a correct pathological condition as a basis for enlightened and intelligent treatment. My experience and observation leads me to believe there are many cases of uterine and ovarian troubles that are treated as organic lesions that are not curable on the basis of inflamed or ulcerated tissues. I think the sensitiveness bears no relation to the extent of organic disturbance and that in cases where I suspect no inflamatory process whatever, I find the greater sensitiveness and the most difficulty in the use of the sound, requiring chloroform or some other anæsthet-

ic agent to deaden the pain caused by the introduction of the instrument.

In these forms of uterine distress, neuralgic in character, the question often arises does not uterine surgery in its varied form hinder the cure, and perpetuate, and confirm the disease? The inevitable caustic, the knife, the sponge tent and the nameless variety of pessaries also many instruments of torture that only aggravate the pain should be abandoned.

My plea as a physician for my sex is "Let the mild powders prevail." For the best success in this department of practice psychology is more necessary than surgery and its relation to pathology and therapeutics is yet to be more fully understood, and is more important than the speculum or the knife, "Psychology in whose unexplored fields lie the best and highest conceptions of the principles of Homœopathy."

Remedial Effects. By J. D. Buck, M. D.

The invasion of disease and the resultants, recovery and death, are occurrences continually witnessed among people of whatsoever grade of civilization. In China, when a physician has been in attendance, death, if it occurs, is attributed to the doctor, and he is accordingly beheaded. In this country the doctor claims, where recovery takes place, the credit of a "cure" and a corresponding reward, while his efforts when unsuccessful are rewarded all the same and the fatal result is attributed to an all wise but inscrutable Providence. Now we should be loth to admit that either the doctor or Providence are responsible for the fatal result, and yet the habit seems so fixed with many physicians of claiming full credit for a cure, when recovery either complete or approximate occurs, that it may be well to remind them

that there may be two opinions about the matter. A notable instance of the attitude of many doctors on this question of cure may be observed in the February number of our last surviving homœopathic quarterly. If the law of natural selection has here obtained, and "The survival of the fittest" has decided the matter; if the advancement of medical science is to be indicated and recorded in this sole survivor of a noble line, it may become us to inquire how medical science is advanced by pure assumption. Let the writer of the article and the able editors of the journal referred to, understand that fair and honest criticism is all that is here attempted. I should be ashamed to assume more than this for myself, while I would allow neither the egotism of youth, or the imbecility of age to use the lash so shamelessly as is sometimes done in our medical journals, where one man assumes to be the mouth piece of many, and where Homœopathy is made the *shibboleth*, and adherenee to medical creed is made to usurp the place of every other object or aim. The sole honor attributable to any man, living or dead, must be the equal measure of real worth of his labors, which must not come to us with the image and superscription of authority, but with the unalterable evidences of truth, plain, passionless, demonstrable *truth*. The so-called science of medicine of to-day is but is the outgrowth of empiricism. Every prescription made by a homœopath is more or less an experiment. Many factors being necessarily taken into account, and varible results necessarily occurring, pointing toward a favorable or fatal result.

That our law of cure lays the foundation for the science of therapeutics is undeniable, but that every drug effect, and every vital action in response thereto, must necessarily appeal to the law of similars for an explanation, where no direct relation can be traced is absurd, as is also the claim, that wherever a drug has been administered, at a time however remote, and in a dose however small, with the intent of bringing about certain results, that said result is due solely to such drug action.

It is well for a physician to have confidence in himself

and the in drugs which he administers, his own confidence elevates and strengthens that of his patient's, and so is he enabled to "cure by faith;" but when individual experience becomes a matter of record and the broadest generalization is attempted, it becomes necessary to inquire into the foundation upon which such propositions are based.

Now suppose *Pulsatilla* to have been given to "one hundred enciente ladies" in order to verify the effect produced—if any—"one hundred enciente ladies" should be left without *Pulsatilla* and results in either case compared. Let us look at a few propositions set forth in the article referred to.

"The best time to give *Pulsatilla* is immediately after quickening in case there be malposition of the fœtus." Query—how many cases are examined at this stage of gestation and by what means can the position of the fœtus be determined?

"I do not permit an enciente lady to reach the first stage of labor without having given her several powders of *Pulsatilla* 10000th or 60000th." "When I have given *Pulsatilla.* I do not now remember a lady who has not carried (the fœtus I suppose) from two to four weeks beyond her expectation of confinement." These are certainly very startling propositions, important if true, and destined to produce a complete revolution in the obstetric art.

Now I am less interested in this *Pulsatilla* question, *per se*, than in the prnciple involved. And the article in question manifests throughout, in an unusual degree, the tendency of medical men to attribute all cures, and all changes of a *favorable* character which occur in the organism where medicine has been administered, to drug action, while disastrous results, and untoward symptoms are charged up to Providence or original sin.

Now what is here claimed for *Pulsatilla*, is not that it will change a breech to a head presentation, or a shoulder to a breech, but that by some peculiar intelligence it presides over the position of the fœtus in general, bringing all malpositions to the natural position, and for this purpose is to be given on general principles in every case. Now the case actually stands in this wise. First—there has never been the

a few hours. But that horrid hiccough persisted in spite of every thing for seven days, when I gave *Carbolic Acid*, twelve drops in one-half glass water a teaspoonful every three hours. A rapidconvalescence followed and on January 1st, 1875, although there had been extensive sloughing of integuments and exfoliation, the stump was entirely and perfectly healed.

Materia Medica.

Studies of Drug Action. By Wm. Owens, M. D.

Secale Cornutum has been attracting a large share of attention from the medical profession for a few years past and from what appears it would seem to be worth our while to make a somewhat careful inquiry into the phenomena resulting from its administration.

Hughes says in reference to it, that as yet we have no pathogenesis of it.

Burt classes it among drugs that have a special adaptation to females.

Teste gives it but a passing notice as suitable for females a the critical period in arresting hemorrhages.

Neither of these parties seem to have given this drug any special study with reference to any other than its physiological use in increasing functional activity of certain organs, which fact is recognized by all schools of medicine.

1st. It is admitted on all hands that it serves a valuable purpose in assisting the uterus to expel from its cavity all foreign substances.

2d. It is used to arrest hemorrhages from that organ

3d. It has been administered many times successfully for the relief of sub-involution of the uterus, in endometritis, hypertrophy and diseases of mal-nutrition of the uterus, especially when there is increased vascularity and hyperæmia with tendency to excessive discharge of mucus or blood from the surface, attended with increased bulk of tissue. *Secale* reduces the bulk by diminishing vascularity and the calibre of the vessels, inducing a tonic contraction of the tissue, supplied by the ganglionic nerves, and as a result a firmer and healthier tone of the organs is established with improved nutrition.

4th. This drug has proven of great value in the treatment of varicocele, varicose veins, aneuirsm, hemorrhoids, prolapsus ani, rectum and bladder.

5th. It has been exceedingly valuable in the hands of all physicians for the arrest of epistaxis, hemorrhages from the stomach, bladder and rectum, By its irritating effects upon the vaso-motor nerves that supply all of the blood vessels, it has the power to induce contraction of their fibrous coats (non striated muscular fiber) reducing their caliber and diminishing the flow of blood through the capillaries, producing atrophy or anæmia of the part. Upon a consideration of these facts which seem to be well sustained, we shall be able to explain many results of the administration of this drug which can not otherwise be accounted for.

The claim that it is especially adapted to females is not warranted by a study of the symptoms following is use; neither do we find anything in the symptomatology concerning this drug or in its physiological action that would justify the statement of Burt that it acts "directly against the blood and nervous system." But we are lead to believe that it acts upon and through the organic nervous system alone to impair the blood. The change such as it is which this drug produces in the blood arises from its power to irritate the ganglionic nerves and especially the vaso-motor branches thereof, to paralyze these nerves and produce relaxtion of the vascular walls, from which results a stasis, transuda-

tion, ecchymosis or sanguineous infiltration into the cellular or tegumentary tissues and gangrene.

Burt further says that it "acts upon the cerebro-spinal and ganglionic nervous system." Of the former there is great doubt as we shall see in its further consideration.

Generally by its irritating effects upon the ganglionic nerves it produces tonic spasms (ergotismus convulsivus). Upon the skin it causes formication, drawing, creeping, spasmodic action of the muscles of the skin, producing anæsthesia, producing also blueness, shrinking and contraction of the skin, as in the algid stage of cholera attended with coldness and claminess of the surface. When this irritation has been long continued paralysis takes place from exhaustion; and death of the part is manifested by the gangrenous vesicles and desquamation that follow.

It has produced paralysis of the brain and spinal cord. This effect has unduobtedly followed its use from the anæmia which the drug causes in all parts of the body, by irritating the vaso-motor nerves, inducing contraction of the vascular walls within the cranial and spinal cavities, diminishing the supply of blood to the brain and cord and their membranes, and consequently depriving these parts of their usual amount of nourishment, causing atrophy and paralysis. For the same reason we have mania, delirium, illusions, loss of consciousness, imbecility, forgetfulness, vertigo, reeling; inability to stand erect; dullness of the head sight, and hearing; difficultty of thinking and talking; stupor and indifference. These are all conditions which attend anæmia of the brain from suspended circulation through the cerebral capillaries. From its irritating effects upon the sympathetic filaments of the iris, we have tonic contraction and almost complete closure of the pupil.

Upon the stomach and bowels, spasmodic irritability, causing the rejection of substances of any kind as soon as they enter the stomach, attended with strongly convulsed and spasmodic condition of the intestines, especially the colon and rectum causing the contents of these to be expelled with violence, gushing out in great force as in cholera, cholera mor-

bus and cholera infantum and the prolonged summer complaint that often follows that affection; the discharge being of that peculiar gushing and expulsive character, not attended with much straining or pain except as a result of the over distension of the intestine or the spasmodic contraction of the non-striated muscular fibers within their walls, impinging upon the sensory fibers which supply them. The character of the discharge may be liquid or semi-liquid, of clear rice water, greenish, brownish or even blackish color, it may be very offensive or free from odor, but always followed by great prostration. The irritation here produced upon the the peripheral extremities of the ganglionic nerves, produces that peculiar restlessness, sleeplessness and insatiable thirst which attends excessive serous discharges, and which always tend to bring about anæmia of the brain and spinal cord, and in many instances terminates in death or prolonged feebleness. The languor, cramps, spasms, formication, loss of sensation and gangrene of tips of fingers and toes can only be explained by its influence upon the nerve or filaments which accompany the blood vessels in these parts.

It induces spasms of the bladder and urethra with paralysis; and spasmodic contraction of the uterus as if it would burst; these conditions arise from its irritating effects upon the spermatic, hypogastric, superior and inferior sacral plexuses.

Secale produces spasm of the pleura and parenchyma of the lungs such as attend suffocative catarrh. But its most powerful, most important and most marked influence is its control over the circulation and nutrition beginning with the heart, it induces palpitation of the most violent character with throbbing, spasmodic, drawing convulsions, and contractions of the heart with contracted. intermittent pulse. This arises from its influence over the sympathetic filaments distributed to the heart, and from its irritating influence upon the nerve or filaments to all the blood vessels. When this irritation is prolonged, exhaustion and paralysis of the nerves follow; relaxation of the walls of the vessels takes place and we have a stasis, transudation, ecchymosis or sanguineous infiltration and often gangrene as a result.

On account of this influence upon the vaso-motor nerves this drug ought to be one of our most valued hemostatics, acting not directly as an astringent, but by virtue of its power to irritate and induce contraction of the vessels and thus arrest the flow of blood through them. This contraction is sometimes carried so far, especially in the smaller vessels as to completely arrest the flow of blood through them, when gangrene will take place. Thus will be explained the form of gangrene so characteristic of this drug.

I think it will now be apparent to those who have followed me in these observations that the influence of *Secale* is not directly against the blood, but effects it indirectly through the nerves of organic life, and that it has no special relation to sex except so far as the female usually has a larger development of the non-striated muscular fiber than has the male and that its action pertains specially to the functions of organic life and to the involuntary muscles. Its most typical personal characteristic being the cachectic scrawny individual with relaxed, exhausted appearance, indicative of depraved nutrition and loss of functional life. It will be observed that all of the tissues enumerated are specially influenced by the ganglionic nerves and are composed largely if not entirely of non-striated fiber hence we have a right to conclude this is its sphere of action and that this action is induced through its influence upon the organic or ganglionic nerves. And that it exerts a very powerful conservative influence over all exhausting discharges, menorrhagias, metrorrhagias profuse and offensive lochial discharges and leucorrheas are speedily arrested by it.

This condition is brought about by its power over hyperæmic and congested surfaces, causing the vessels to contract and arresting transudation through their walls. By this influence it deprives the breast of its normal supply of blood and as a result we have diminished lactation. As a consequence of the diminished circulation in all portions of the body we have cramps, tonic spasms and drawings; the most marked of which are in the uterus, when in the gravid state and highly engorged with blood. The diminished supply

through the uterine arteries will soon lessen the amount in the sinuses at the same time the irritation which this drug produces upon the spermatic and hypogastric plexuses, which supply the muscular nerves to the uterus, and stimulates them into increased activity, gaining rigidity as their fibers become shortened and condensed, until we have one continuous tonic spasm of the entire organ. The pains induced are not symptoms of the drug, but a result of the contracting fibers impinging upon the sensory nerves within the uterine walls; which in the gravid state or state of disease are exceedingly sensitive, but at other times are atrophied and insensible.

Current Medical Literature.

Under this head we hope to present some of the cream of our exchanges.

PROCEEDINGS HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. The President, Dr. Buck, declares in his annual address that, "if Homœopathy is a creed and we allow it to usurp the place of liberal medical culture we will fall far short of fulfilling our high prerogative as physician." If that is so then by all means let us have this "high prerogative" more carefully explained and better understood. He further declares that "we, as a school need, to cultivate more physiology and the collateral sciences" which is on the principle that every crow thinks her own young the whitest. These are the very things that the doctor has been teaching in two of our colleges for several years and we fear that he over rates the importance of the subjects and under estimates the result of his teachings on the profession.

Dr. Hamilton Ring discourses on "The Pathology of Homœopathy as compared with that of the old school of medicine," and he touches a vital and important point, one that needs to

be enforced on the minds of the profession, namely, that we as a school have a pathology peculiarly our own. This point we ourselves maintained at a former meeting of the society in a paper entitled "Pathology as Illuminated and Modified by Homœopathy." But Dr. Ring has given the subject a much wider investigation with more copious and convincing illustration and places the question on unassailable grounds.

Dr. C. H. von Tagen in an article on canthoplasty details a case that can not fail to produce astonisnment. He says, "to express his condition in a single word, both eyes were in a state of *Panophthalmitis.*" (The italics and all are the doctor's.) This patient was canthoplasted and variously medicated, and as a result "he now walks with head erect can read the newspaper—he can read No. 5 Jaeger's test type." And all this after panophthalmitis! Is Jove nodding or did the printer make a slip?

LANCET AND OBSERVER (Cincinnati).—Dr. Chas. P. Judkins gives some interesting disclosures in his article, "a case of rape." At the request of the health officer he examined a little girl ten days after an alleged rape, and finds "the external genital organs are greatly swollen and bathed in a free purulent discharge." There was a slight rent at the point of union anteriorly, (of the labia majora) while posteriorly the laceration was about a quarter of an inch in length. Besides the fact of rape, he discovered "this patient to be suffering with true indurated specific chancre." Next he proceeded to examine the man who did the deed.

"On exposing the external genitals, it was found they were well developed, the prepuce enveloping the glans so tightly that it could not be retracted. From beneath the prepuce there was a semipurulent discharge somewhat profuse. On account of the phymosis, I was obliged to make an examination through the prepuce and detected on palpation a markedly indurated spot, behind the corona glandis, and on the left side of the organ. This spot was about the size of a pea, hard and resisting. The glands in the inguinal region of both sides, some three or four in number were enlarged and indurated" etc., etc. "With these symptoms present I did not hesitate to pronounce the prisoner suffering from constitu-

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tional syphilis, and Dr Watson who was present agreed on the diagnosis."

The next day Drs. Bramble, Tibballs and Underhill examined the prisoner, "and detected no symptoms except phymosis and a slight discharge from beneath the prepuce." The prepuce being retracted, "no evidences of a sore could be detected, no induration of glands in groin or in post cervical region; in short, that he was not diseased at all." The judge gave the man only six years in the penitentiary showing that he was in doubt as to the man being diseased. After the trial, Dr. Woodward a special committee examined the man and reported, that he "was at that time suffering with constitutional syphilis." This is a deplorable showing for our allopathic brethren, and we suggest a commissioner be appointed to enquire into the question, if they know anything about syphilis at all. And if, as we suspect, their opinions are colored and warped by their petty party feelings, and that they are more influnced by personal motives than by scientific facts, then they should vacate the posts of honor and responsibility that they occupy in our public institutions.

Miscellaneous.

The Peculiar People.—A Curious Case in Law.

Recently in England there occurred a curious prosecution in one of the criminal courts against one Joseph Hines a member of a religious sect known as "the Peculiar People."

Their belief is, that it is sinful and contrary to the will of God to call in medical assistance in cases of illness, no matter how severe or dangerous that illness might be, and that it is

sufficient to carry out the injunctions of St. James—to call in an elder to pray over the sick and to anoint the body with oil. The child in question was robust and healthy down to the 1st of June, when it was attacked with convulsions, became worse on the 25th of that month, and died on the 6th of July. During the interval an elder named Hurry was called in, and he prayed over the child, and its body was anointed with oil. It was not disputed that with the exception of not calling in a doctor, every attention was paid to the child during its illness. It was provided with arrow root, brandy and water, wine and water, and other things of the like kind, and there did not appear to be any doubt that the prisoner seriously believed that he was doing everything in his power to promote the recovery of the child. Shortly before, another child of the prisoner's was attacked with measles and was treated in the same way and recovered. Dr. Sharpe, who made a post-mortem examination of the body, said that he found adhesions in both sides of the chest, and a quantity of pus, and the pericardium was also very much inflamed, and this was the cause of death. If leeches had been applied the inflammation might have been allayed, and he should also probably have administered calomel. He would not, of course, take upon himself to say that these applications would have positively saved the child's life, although he said that if he had seen the child a fortnight previous to his death the symptoms of the malady would have been perfectly plain, and the remedies he had mentioned were likely to have proved beneficial.

Baron Pigott, at the close of the evidence for the prosecution, enquired to Mr. Poland how he proposed to make the prisoner criminally liable under these circumstances.

Mr. Poland said he should submit that in the case of a child of tender years, where the child was unable to provide for itself, it was the duty of a parent to provide all proper necessaries for the child, and that, in case of illness, medical assistance was as much a necessary as food.

Baron Pigott said the mere neglect on the part of a parent to provide medical assistance for a child who was ill did not amount to such culpable negligence as would support a charge

of this description. It might be an error of judgment, but, as a judge, he should be sorry to rule that it was a criminal offence.

In answer to questions put by the learned judge, Dr. Sharpe stated that a difference of opinion would probably exist in the medical profession as to the propriety of using either the remedy of leeches or administering calomel in such a case as the one under consideration.

Mr. Poland submitted that in the case of a child breaking a rib, and the broken bone enters the lung, and death being imminent, a parent would surely be bound to call in some skilled person to set the bone.

The learned judge said that was a very different case to the present, and when such a case arose he should have no difficulty in dealing with it.

Mr. Poland said it was not so much a question of punishment as to have the law upon the point settled.

After some further legal discussions had taken place, Baron Pigott said he was clearly of opinion that there was no case to go to the jury, and that there had been no culpable negligence established against the prisoner, but that, on the contrary, he appeared to have done all that he could for the child according to the best of his judgment. His views might be superstitious, but there was nothing to show that there had been any neglect of duty on his part; he had conferred with his learned brother, Mr. Justice Quain, and the Recorder in reference to the matter, and they both concurred in this opinion. It might be an ignorant mistake altogether on the part of the prisoner, but there was nothing like intentional neglect of duty, or anything in his conduct which in his opinion could be dealt with in a criminal court. If the Legislature thought fit to make it an offence not to call in a medical man under such circumstances, and to make it compulsory as in the case of vaccination, they might do so, and then persons holding the religious opinions of the prisoner would be bound to conform to the law; but as the law at present stood, he was of opinion that there was no case to go before a jury, and that the prisoner must be acquitted.

A verdict of *Not Guilty* was consequently recorded.

The learned judge told the prisoner as he was leaving the bar, that he thought he would do well to consider whether, in resolving not to employ a medical man, he, with those who entertained the same religioue opinion, were not acting upon superstitious motives. He thought they ought to be aware that medical assistance was very useful in a great many instances, and that they ought to reflect whether they, being in a very small minority of the community, would not do well to defer to the opinions entertained by the large majority upon upon the subject of obtaining medical assistance where it was required.—

Societies.

Homœopathic Medical Society of Kentucky.

EDITOR MEDICAL ADVANCE:

The Homœopathic State Medical Society of Kentucky met in Louisville on the 4th day of May. The officers for the ensuing year are Drs. W. H. Hunt, of Covington, Pres.; R. W. Pearce, Louisville, Vice-Pres.; J. W. Kline, Louisville, Sec.

After a very interesting meeting, adjourned to meet in Louisville on the first Tuesday in May next

WM. L. BREYFOYLE, M. D.

Homœopathic Medical Society of Wisconsin.

EDITOR MEDICAL ADVANCE:

This society will meet in Milwaukee at the Newhall House on the 24th and 25th of June, 1875. A large gathering and interesting proceedings are expected.

LEWIS SHERMAN, M. D. Secy.

The Homœopathic College in Michigan.

"The following is the text to the bill establishing the Homœopathic College at Ann Arbor. It will be seen that it is established on an independent basis.

A Bill for the Establishment of a Homœopathic Medical Department of the University of Michigan.

SECTION 1. *The People of the State of Michigan enact:* The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College, as a branch or department of said University, which shall be located at Ann Arbor.

SEC. 2. The Treasurer of the State of Michigan shall, on the 1st day of January, one thousand eight hundred and seventy-six, pay out of the general fund, to the order of the Treasurer of the Board of Regents, the sum of $6,000, and the same amount on the 1st day of January of each year thereafter, which moneys shall be used by said Regents exclusively for the benefit of said department.

Editor's Table.

DR. I. W. BUDDEKE has settled in Jackson, Tenn.

DR. O. G. STRONG has removed from Canton, Ill., to Columbus, Ohio.

DR. WM. HOYT, of Hillsborough, O., writes that he has been burned out of office and contents.

DR. H. C. ALLEN has been appointed General Agent of the New York Homœopathic Medical Society and is at present canvassing Ohio.

DR. GEO. H. BLAIR, of Fairfield, Iowa, has been tendered the Chair of Theory and Practice in the St. Louis Homœopathic College.

DR. A. I. SAWYER, of Monroe, Mich., has just received deservedly high honors at the hands of the Grand Chapter of Royal Arch Masons.

DRS. J. ALBRO EATON and Geo. C. Jeffery have formed a medical co-partnership with their office at 249½ Tompkins Avenue, Brooklyn, N. Y.

SUBSCRIPTIONS to the Advance have come in grandly. We will aim to make our journal the handsomest and most valuable of all that are published.

THE following numbers of the Advance will be paid for at 30 cents a piece in subscription; June, 1873, and June, July and September, 1874. Parties having them to spare will confer a favor by sending them to us.

DIED.—Ewell Ford, M. D., died at his home in Jeffersonville, Ind., of tuberculosis, on the 9th day of May. Dr. Ford was a graduate of Pulte Medical College of the class of 1874. He had received a liberal education, was a diligent reader and an earnest thinker. Few young men had more of the elements which achieve success in the medical profession.

GERHARD SAAL, M. D., Professor of Physics and Hygiene, in Pulte Medical College, died May 4th, 1875. Our next issue will contain full notice of his life and labors.

Case of Prof. Saal, with Autopsy. J. D. B.

On the 26th of April Dr. Saal went to the suburbs to visit a patient, returning chilled and exhausted he took his bed. Fever and delirium supervened, and on the 28th he had what appeared to be a hard chill when I was called to see him. I found him apparently quite comfortable, at noon, without pain or fever, but with a very marked difference in the pulse, on either side, the left pulse being very feeble. I prescribed a

low dilution of *Aconite* and *Bryonia*; returning the next day at about the same hour, I found that he had had four chills the previous night.

I called to see him two or three times a day. No improvement in the pulse, respiration very difficult, the heart's action labored and undefined; no valvular sound observable. Chills continued at intervals for several days sometimes following in rapid succession. On the first of May, I was present during one of these chills, which proved to be a rigor, accompanied by great distress, but little coldness of extremities, violent shaking of the whole body, tumultuous action of the heart, disappearance of the pulse at the left wrist and followed by partial coma and delirium, various remedies were used with but slight improvement. The left pulse was stronger, the heart's action slightly improved, the skin moist and warm; he had lucid intervals. On Tuesday evening the rigors returned followed by still greater prostration after each recurrence, he sank rapidly and died at half past three on the morning of the 4th of May.

AUTOPSY.—Upon lifting the sternum quite a quantity of fluid was contained in the left pleural cavity. Upon opening the pericardium about the usual quantity of fluid was found in the sack. The heart seemed enlarged and flabby, having externally the appearance of dilatation. The whole of the left auricle and about half the left ventricle showed signs of recent and deep seated inflammation being of a soft texture, and a dark red hue. Upon opening the aorta its arch was found occupied by a fibrinous plug which extended through the valves into the left ventricle being closely interlaced with the columuæ carnæ and adherent to them, requiring considerable tension to dislodge it. Thrombi were also found in the pulmonary arteries, and the right auriculo-ventlicular opening. There was no deposit on the valves proper, which however could close only on the thrombi.

The liver was next examined, it was found adhered throughout except its anterior aspect, and in attempting to break the adhesions the finger passed through the hepatic walls giving exit to a mass of blackish broken down tissue.

Section was made in every direction revealing in addition to the condition already described, many recent abscesses varying in size from a quarter of an inch to nearly an inch in diameter. There was not a square inch of sound tissue in the organ. The gall bladder was filled with a granular mass of calculi, and its walls nearly obliterated such portions as remained being adherent to the adjacent tissue.

One interesting point I neglected to mention, viz.: The presence of a cicatrix about an inch and a quarter in length and extending into the hepatic substance about half an inch located at the anterior central portion, the remains of a former abscess.

It was at first claimed by some of the physicians present that the thrombi were post mortem formations, notwithstanding the fact of adhesion, which is essentially a vital process, and that the clots were smooth elongated bulbous masses of pure fibrin containing no blood cells, although dark clots were also adherent to them. Internally they presented a yellowish tinge, externally white. I believe it was finally conceded that the formations were ante mortem. Here then we have the pathology of the case. Blood poisoned from chronic hepatitis, rheumatic diathesis ensuing, from cold and exposure, acute rheumatic carditis, and death from thrombi. The wonder is less that our lamented friend should die than that he could have carried such a weight of disease and lived so long.

CONTENTS.

J. P. GEPFERT, PRINTER.

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., JULY, 1875. NUMBER 3.

All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

Subscriptions to the ADVANCE should be sent to DR. T. C. BRADFORD, P. O. Drawer 1284, Cincinnati, Ohio.—$3.00 a year, IN ADVANCE.

"OUT ON TIME!" You will observe that for twelve months past we have regularly beaten this by at least five days. Some of our contemporaries won't bear *Investigation* on this point, though they do boast of promptness as one of their cardinal virtues.

THE City of Cleveland has a mayor—which his name is Payne—who evidently understands the science of hygiene. The other members of the board of health (of which he is chairman,) ventured to differ from him on sanitary questions. These members be it known, were three respectable physicians, but they weakened in the controversy and resigned, leaving the mayor master of the field. Now the mayor's logic is not, "In time of peace prepare for war." He thinks that sanitary expenses are useless in a time of general health. With an eye to economy he proposes to wait until an epidemic breaks out. Prevention is no part of his creed. If the three doctors, whom he has appointed to fill the vacancies, coincide with him, the mayor will not long, be the only *payne* in the city of Cleveland.

THE late Dr. Harriett K. Hunt, of Boston, is said to have ordered in her will that no bills should be made out or presented to persons owing her; but that they should be left to pay what they chose.

This won't do to go round as a fashion. There will be too much waiting

for dead doctors. Besides, there is no logic in it. To be sure, paying the doctors is always paying for spilt milk, but matters are no worse because the pail happens to be kicked over. If when patients died the friends could be left to pay what they saw fit, there might be a semblance of justice in it. But the doctor has left us a fatal legacy if she meant to establish such a custom as her will directs. We hope her fair successors will do better and leave no unpaid accounts to trouble their executors.

How can the enormous waste be stopped? What Paris and London throw into the sewers would enrich a continent if the material were gathered up and properly applied. But that is nothing to the waste that is going on in the every day practice of our profession. Now it is a well-known fact that experience is the nutritive element that gives our art its growth. Not the experience of this and that solitary physician, not the experience of doctors A, B, and C, living in our large cities where books may be written and journals published, but rather the every day experience of all the doctors that belong to the alphabet. Every country, town and village doctor has abundance of the material we need to save. Multitudes of them are wasting enough to immortalize them if they only economized what they have. But they go on year after year, never making a single record of their daily experience. They never record or report a case. For all they do for medical science, they might as well have lived before writing and printing were invented.

SCOTCHED BUT NOT KILLED.—The waning power of the allopathic school has become painfully apparent to its friends. It was this that called forth the past year some curious efforts to regain its lost prestige. The first grand sally in defense of the ancient rights of that school, under the leadership of Dr. Stephen Smith, President of the American Health Association, resulted in a total failure. More than this, it resulted in an absolute loss to the interests of Allopathy.

Nearly every state legislature was besieged to pass coercive laws looking ostensibly to the "public health," but in fact so framed as to conserve the dominating power of the "regulars." At one time, in this state, as many as five bills were pending at one session, most of which, if not all, in some way specially favored the allopathic school. The result is well known. The indignant protests of the homœopathic and eclectic schools came like a shower—a flood in fact, and drowned out the last vestige of the fraudulent schemes. It placed the orginators of these schemes *hors du combat.* The impression was very widely made among the intelligent, that for once the ambition of the old school doctors had overleaped itself. It had entailed upon itself deserved reproach. And it did seem to us that this folly would not be repeated. But evidently we were mistaken. Recent developments show the lost cause is to be revived. Doubtless another campaign will be opened the coming winter and doubtless a solicitude for the health of

the public will be made to cover the deeper designs of self-agrandizement. Poor fellows! They can never bring themselves to believe that their opponents are so omnipresent and omnipotent. They learn everything slowly; but the logic of events must eventually teach them, that they are no longer monarchs of all they survey.

Hering's Analytical Therapeutics.

Who says the homœopathic school is drifting toward Eclecticism? Who dare assert that Homœopathy and Allopathy are fast getting on to a common ground? Let such allegations be made to stand face to face with this latest and best work of the veteran Hering! Does any one say, there is any where in this book to be found the taint of Eclecticism? Do these fair, broad, full pages show the alloy of Allopathy? Evidently not! And now let those sorrowing souls who mourn the decadence of pristine Homœopathy hold up their heads once more when they see what is here presented as the latest, ripest fruit of our school. O no! Revolutions never go backward. The homœopathic idea, instead of being completed and ready for amalgamation or substitution is only as yet partially developed. Dr. Hering's book marks a forward step in that developmental work. It puts a new meaning to our Materia Medica. That which, to us, seemed a chaotic mass of symptomatology, a vast, accumulated and accumulating pathogeneses, is here being reduced to order. New relations are here brought to view. And many who have stood ready to abandon this vital point and go over to an alliance with other schools, will now take courage, and hold on to the belief and practice of precision in therapeutics. If Dr. Hering lives to finish the work here begun, he will need no prouder monument than this; nothing will more surely give him lasting fame. The work has its faults beyond doubt. The basic idea of our Materia Medica in its present synthetical state being entirely reliable, may be one of those faults. If so, it is necessarily fatal to the whole analytical superstructure now being erected by Hering's masterly architectural skill. But since so many have absolute faith in the Materia Medica as it is, why should we not rejoice to have it put into this practical shape? Our provings may be faulty, but they are the best we have; and before we desert them for the vagaries and uncertainties of the physiological and empirical schools, we should make an intelligent application of them; and for this purpose, nothing can surpass the aid we may get from Dr. Hering's work. It is easy to see how many physicians will turn incredulously away from a

work of this kind. They are no more fitted to appreciate its excellence, than are other men fitted to appreciate a splendid painting or a magnificent oratorio. They are not mentally *en rapport* with it. This is not their fault, though it is their misfortune. Medical Science, and most medical men are undergoing a process of evolution; and we can mark the steps, almost year by year. But however much some medical men may incline to stand still or move backward, still, the Science goesforward. And we may rest assured we have in this Analytical Therapeutics, the most advanced stage we have yet reached in our history as a school. This is our sober estimate of the true value of this work.

Occasional Lectures.—Success and Failure.—Survival of the Fittest.

It is a fact worthy of serious notice, that so many students are crowding into the medical colleges and so few graduates are finding permanent settlements in the profession. We send forth a hundred young men armed at least with diplomas, every one of whom anticipates a successful career in the field of practice. It would astonish you no doubt to trace the progress they make in fulfillment of these bright anticipations.

Nature seems to be fearfully prodigal of her energies. She wastes her forces beyond all computation. For every perfect form she constructs, she has many that are blighted and wholly worthless. Even among those which reach maturity, comparatively few are applied to legitimate ends. The animal and vegetable world swarm with seeming superfluity of beings. And the surplus, which is by far the greater part, is trampled upon, crushed, and in a thousand ways destroyed. The fittest only survive and they are a small minority of the whole.

Now this law of nature seems strange enough when applied to the lower order of creation, for, we cannot conceive why there should be such prodigious waste anywhere. But when we come into the domain of, not merely the higher but the highest development, when we consider man, a free moral

agent, with all his high intellectual prerogatives, "so like a god," there does not seem to be a necessity for failure anywhere.

The race of mankind is not yet cramped for room. The earth's convex surface might hold many millions more and still give ample room for all. A wise choice of career would give every man, woman and child, barring accidents, an approximately successful life.

What are the facts? Why simply, that animalculæ and fungous life, are scarcely more recklessly wasted than are human life and energy, human aspirations and hopes. The same inexorable law prevails with the mighty man as with the insignificant insect. And there is no distinction made between plebian, patrician or noble. The so called educated classes find no exemption. In law, theology and medicine we find the same enormous waste. A thousand make the attempt, while scarcely a score succeed.

Take a class of graduates from this college. Some of them never make the attempt to practice medicine. Before they get at it, they have found a more congenial level in some other occupation. In twelve months, from one and another cause, ten per cent of them are entirely off the track. A few make a feeble attempt at success, and finding obstacles to overcome, give out in despair. Death and accidents claim their share. Destitute of ambition, and scant of talents, some of them gravitate into country places and obscure and isolated villages, and there plod on for years, never taking any interest in the advancement of medical science, reading no journals, buying no books, attending no medical conventions, and so are as good as lost to the profession.

In ten years, ninety per cent have wholly dropped out, and at no time does more than the merest fraction become eminent in the profession or succeed in giving substantial aid to it.

It is useless to mourn over the inevitable; and but one thing remains for you to do. Your future is largely your own, and will be what you persistently determine to make it. You may blame yourselves if you fail to succeed. T. P. W.

Surgery.

Transfusion of Blood. The Hematophore—manner of using it. Favorable results anticipated from transfusion in certain cases. By Prof. E. C. Franklin, M. D., St. Louis.

The operation of transfusing blood for the removal of disease, the restoration of depressed vital energy, and the preservation of human life is by no means a recent procedure.

As far back as "the fifteenth century," it has been employed in various ways, but not until the beginning of the present century has its use been applied to purposes of medical science.

Prior to the year 1665, transfusion was almost exclusively performed upon the brute creation, subsequently to this period it was first used upon man; the first operation so far as I can gather the fact from the conflicting accounts, was performed by Drs. Denys and Emmery, of Paris. In this case the blood of a sheep was used and several ounces were thrown into the circulation of a demented youth, the result was a partial restoration of intelligence, and general improvement of the patient. In 1669, the operation was again performed upon Arthur Coyne, a person of considerable literary culture, who offered himself for the experiment, though at the time enjoying tolerably good health. In this instance also, the blood of a lamb was used and about ten ounces thrown into the person. It is stated that the result was equal to the highest expectations of the friends of the measure.

Transfusion, as an operation based upon scientific and physiological principles, is still in its infancy, and will doubtless pass through the ordeal of success and failure, of doubt and uncertainty, not unlike other beneficial theories and doctrines that have only been accepted by the profession after popular intelligence has placed upon them the seal of commendation. I believe, that, if transfusion shall be fortunate enough to fall

into the hands of careful, thinking and scientific surgeons, and be applied only under fitting conditions and circumstances, it will prove an operation brilliant in execution and beneficent in its results.

Dr. Moncoq, of Paris, who has performed transfusion more frequently than any other surgeon, has given to the profession a valuable and exhaustive treatise upon this subject, and prophesies for the operation, the most gratifying results. His method consists in transfusing the venous blood of man into the subject, and differs in this respect from the process of Prof. Hueter, who employs the arterial blood in preference to the venous.

Having given this subject much study and investigation, especially with reference to the character of the blood to be used and the manner of using it, I am of the opinion that the theory of Moncoq is more nearly allied to the physiological conditions attending the circumstances of the operation than Hueter's which I have mentioned. Dr. Moncoq recommends that the blood of the donor be taken from a vein of the right arm, from the simple fact that exercise renders these veins larger and more dilatable than those of the left, and the blood transfused to be thrown into the largest and most prominent vein of the of the subject corresponding with the same side. Preference should always be given to venous blood, not only from the fact that venous blood coagulates less slowly than arterial, but that it is more in harmony with the vital current, and consequently less disposed to produce injurious results. Venous blood contains more carbonic acid, that imparts to it the peculiar brown reddish hue. The bright red color of arterial blood is the result of azote and oxygen existing in greater quantities in its composition. Venous blood coagulates in about four minutes, and arterial considerably sooner; besides this, all surgeons appreciate the greater difficulty and graver consequences in the opening of an artery than a vein.

The successful results of tranfusion depend in a large degree upon the time and care given in its performance. In passing the blood in slowly and carefully, you permit the blood of the donor to be mingled gradually and harmoniously

operation three times. The first transfusion was performed about one month ago and consisted in throwing into his circulation two ounces of blood taken from the arm of a strong, vigorous man. In the second, four ounces were used from the same person, and about one quarter of an ounce of blood taken from the patient previous to the transfusion. In the third operation fully five ounces were injected, and half an ounce of blood abstracted prior to the transfusion. A favorable change has been observed in consequence. The patient has since manifested increased consciousness and is enabled to articulate more distinctly. Other favorable symptoms of recuperating strength are also observable. The blood for transfusion is drawn from the veins of a healthy man into a vessel where it is allowed to remain in contact with the oxygenizing properties of the atmosphere a short time, but not long enough to commence coagulating. It is then sucked into an exhausted receiver to which a tube is attached and connected with a vein of the patient's arm. The blood is then forced by a piston in the receiver into the general circulation of the system. On the side of the exhausted receiver is a scale of fine lines so that the quantity forced into the vein is graduated and timed under the practiced eye of the physician. The recuperative effects of the transfusion of healthy blood into the worn out system, of course, are best known to the skilled medical man. The blood contains the materials which are necessary for the formation of all the tissues of the body, and for the various repairs which the body requires. A healthy person has healthy blood, and it appeals to reason and common sense, that in a state of disease, an infusion of healthy blood should possess restorative properties. If facts prove anything, it has been authentically established that transfusion of human blood, when done under proper conditions, although not free from grave difficulties and perils, is competent in many cases to arrest the inevitable issue. Prominent among the diseased conditions, which form the unique and logical indication for transfusion, stand anæmia from excessive or protracted hemorrhage, and all other conditions *en rapport* with this derangement. Three days since, I performed transfusion upon

two cases in the Good Samaritan Hospital, under the sanction of the medical staff, Drs. T. G. Comstock, D. R. Luyties, I. Gunderlach, and A. S. Everett, assisted by my tried and dexterous confreres, Drs. Valentine and Griveaud. One of these cases was *Bright's disease of the kidneys*; the other was, acites of long standing. Both patients were extremely emaciated, having been ill for a long time, but possessed *considerable vital energy*, a condition favorable to the operation. The operation as far as can be foretold promises excellent results.

In a day or two, I shall transfuse a patient suffering from chronic rheumatism, and will report the result of all these cases to the profession in proper time. My experience in the operation has been considerable, and have no hesitation in expressing the opinion that it will be found serviceable in many cases of diseases now deemed incurable.

Proceedings of Societies.

Homœopathic Medical Society of Ohio.

The Homœopathic Medical Society of the State of Ohio, held the opening session of its eleventh annual meeting in the Council Chamber, City Hall, commencing at ten o'clock. The President, Dr. J. R. Flowers, in the chair.

Several members of the Board of Censors being absent, Drs. H. H. Baxter and J. Pettet were appointed to complete a quorum.

REPORT OF DELEGATES.

The delegates from the Cleveland Academy of Medicine

and Surgery beg leave to report an increasd degree of prosperity during the past year. Bi-weekly meetings have been held regularly and have been well attended, and entertained with well-written papers and followed by interesting discussions. The following are the officers for the ensuing year: President, Dr. G. J. Jones; Vice-President, Dr. M. B. Lukens; Secretary, Dr. W. A. Phillips.

DR. J. PETTET,
DR. C. C. OLMSTED, } Delegates.

The Cleveland Homœopathic Dispensary is located in convenient rooms in the College Building, 99 Prospect St., and is open to the poor daily from 10 A. M. to 12 M. (Sundays excepted. From Sept. 19, 1874, to May 7th, 1875, two hundred and thirty-four patients received treatment. The total number of prescriptions made were four hundred and sixty. A large number of the cases treated were of a surgical character and received attention from the different homœopathic surgeons of the city. When necessary visits are made to the needy poor in various parts of the city, free of charge.

H. A. SHERWOOD, Disp. Phys.

DR. H. B. VAN NORMAN, Delegate.

The Board Officers presented the applications of Drs. S. S. Black, T. G. Barnhill and E. Gillard for membership, which were accepted.

AFTERNOON SESSION.

The Society was called to order at 2 o'clock by the President. The Board of Censors presented the application of Dr. R. N. Sheldon, of Lexington; Dr. J. C. Clay, of Shelby; and Dr. O. L. Rider, of Cleveland, for membership—all of whom were elected.

In the absence of Dr. D. H. Beckwith, Chairman of the Committee on Clinical Medicine, Dr. J. W. Haines assumed the duties of Chairman and read a paper upon Constipation, the subject for discussion, prepared by Dr. O. W. Lounsbury, of Cincinnati, and also a paper on the same topic written by himself. Dr. Lewis Barnes then read an essay upon this subject. Dr. Beckwith having arrived in the meantime, gave a synopsis of his views upon the same subject, and

asked the permission of the Society to write them out for publication with the other papers of this bureau, which was granted.

The Committee on Anatomy, Physiology and Pathology, being called, Dr. H. B. Van Norman read a paper on the Use of Narcotics. Dr. H. H. Baxter read a paper entitled, Suggestions about Diet. A courteous invitation was presented from Dr. Halderman, of the State Prison Hospital to visit that institution the following morning at 9 o'clock, which, upon vote of the society, was accepted with thanks.

EVENING SESSION.

The Society re-assembled at eight o'clock, and resumed the discussion of Dr. Baxter's paper, which opened up an extensive discussion. The Committee on Ophthalmology and Otology, being next in order, Dr. T. P. Wilson, in the absence of Dr. C. H. Von Tagen, assumed the duties of Chairman, and presented an interesting clinical case reported by Dr. Mary A. B. Woods, of Erie, Pa. He also presented an unfinished paper by Dr. Von Tagen on Chronic Otitis Media Non Purulenta. Dr. Wilson then read a paper on Abscess of the Middle Ear, with Polypus of the Meatus; narrating the history and treatment of a peculiar case recently under his care. He also made remarks upon the nature and treatment of Inflammation of the Margin of the Eyelids. Dr. W. A. Phillips gave the substance of an unfinished paper upon the symptoms and treatment of Chronic Inflammation of the Middle Ear.

SECOND DAY—MORNING SESSION.

After visiting the Penitentiary Hospital, the Society was called to order by the President at 11 o'clock. The discussion of affections of the eye and ear was continued. Dr. C. C. White exhibited an atomizer which he had employed with benefit in the treatment of inflammations of the throat and tympanic cavity.

On motion L. H. Witte, delegate from the Cleveland Homœopathic Pharmacy, was permitted to present his report, which consisted of the exhibition, with explanatory remarks, of a model of an ingenius Triturating Machine devised by

himself. Dr. T. P. Wilson then presented the following report of the Homœopathic Free Dispensary, Cincinnati, O. For the year ending Dec. 31, 1874:

Medical and Surgical Department:

Whole number of patients	1369
" " prescriptions	5865
" " cases	747

Eye and Ear Department:

Whole number of cases treated	825
" " treatments	4002
" " operations	120

The President announced the Committee on Gynæcology, Mrs. Dr. A. C. Adams, of Springfield, Chairman. Mrs. Adams read a paper on Prolapsus Uteri, which was discussed by several members. Dr. S. E. Adams related some favorable experience in the treatment of hemorrhoidal tumors by the application of electricity.

The Committee on Surgery being called to report, Dr. Wm. Owens, in the absence of the Chairman, gave the synopsis of a paper by Dr. H. F. Biggar on the Ligation of Arteries. Dr. Owens then read a paper, prepared by him, on Intra-capsular, Fracture of the Neck of the Femur, which called forth an earnest criticism from Dr. N. Schneider. Dr. G. J. Jones sent a report of a case of Exstrophy of the Bladder, accompanied by a cut.

The Board of Censors presented the application of Dr. W. N. Rukenbrod which was accepted. The applications of Dr. O. G. Strong, of Columbus, and of W. H. Pulford, of Ashly were laid on the table.

AFTERNOON SESSION.

The Society came to order at two o'clock and the report of the Committee on Obstetricy made the order of business. Dr. J. C. Sanders, Chairman, read a carefully prepared paper on Puerperal Fever.

Dr. M. H. Parmalee was admitted as delegate from the Toledo Homœopathic Hospital and from the Homœopathic Medical Society of Toledo. The former, a recently established institution, was reported as giving promise of success,

notwithstaning the opposition sustained by the "regulars." The doctor also gave a brief report of Cæserean Section made by Dr. S. S. Lungren of Toledo, in which mother and child were both saved.

The report of the Committee on Materia Medica being next in order, Dr. W. M. Detweiler read a paper on Electricity, after which the President delivered the annual address.

Miscellaneous Business being annonnced, the Treasurer, Dr. J. C. Sanders, presented his report showing a deficiency in the treasury of $240.80, whereupon Dr. R. B. Rush introduced the following resolution:

Resolved, That an assessment, pro rata, be made upon the paying members sufficient to cover the indebtedness of the Society which assessment shall be refunded provided it can be collected of the delinquent members. Carried.

Dr. W. A. Phillips moved that Section 2 of the By-Laws as already amended, be further amended to read as follows: The initiation fee shall be three dollars, and the annual dues from each member of the Society shall be three dollars. Carried.

Dr. H. H. Baxter offered the following resolutions which were adopted:

Resolved, That the Treasurer be authorized to notify all members who are in arrears three or more years, that, unless such arrears are paid within one year, their names will be stricken from the list of members.

Resolved, That hereafter when any member becomes in arrears for three years, their names shall be stricken from the list of members, after due notice.

Resolved, That such members may be restored to the list upon payment of arrearages to date of restoration.

Dr. Phillips moved that the Ohio *Medical and Surgical Reporter* and the Cincinnati *Medical Advance* be allowed to publish the proceedings of the Society, which was carried.

The following resolution was passed:

Resolved, That in view of the pecuniary sacrifice of Dr. J. Pettet in the preparation of his Directory of the Homœopathic Physicians of Ohio, there be remitted all his future dues

and assessments, and that so soon as the state of the finances of the society will permit, he shall be allowed, at the discretion of the Society, such further remuneration as shall be satisfactory to him.

The two following resolutions introduced by Dr. E. C. Beckwith were adopted:

Resolved, That each homœopathic physician be requested to use his best efforts to prevent the creation of a "State Board of Health," and other measures looking to the establishing of "State Medicine" by our allopathic contemporaries.

Resolved, That as one-fourth of the taxes of this state is paid by the friends of Homœopathy, that the Committee on Legislation be instructed to take such steps as will bring this subject fully before the Legislature, and if possible secure the passage of laws placing an equitable proportion of the public institutions of the state of Ohio under the medical care of homœopathic physicians. Dr. J. C. Sanders moved that the Board of Censors be a standing committee on the status of the members of the society as to character and reputation. Carried.

Dr. Sanders read a communication from Dr. Sara B. Chase, in which she respectfully requested to be released from membership, in view of her removal from the state. On motion the request was granted and her name ordered to be stricken from the list.

Dr. J. Pettet presented the following: I hereby give notice, that at our next annual meeting I will introduce a motion to amend article 2 of the Constitution by erasing the words, "received the degree of doctor of," and inserting the words, *graduated in*. Dr. H. H. Baxter gave notice that he would introduce an amendment at the next session as follows:

Resolved, That Art. 2 of the Constitution be amended by striking out the words, "or who subscribing to the doctrine of *Similia Similibus Curantur*, shall have reputably practiced medicine five years."

The following Committees were continued:

1. Committee on Malpractice, consisting of Drs. H. F. Biggar, S. R. Beckwith and J. R. Flowers.

2. Committee to secure the incorporation of the Society as a legal body, consisting of Dr. J. R. Flowers aud E. C. Beckwith.

The several bureaus were announced as follows to report at the next meeting;

Clinical Medicine.—Dr. H. H. Baxter, Chairman; Drs. J. D. Buck, S. S. Lungren, W. A. Rukenbrod, L. F. Rheinhart D. R. Kinsell, E. Gillard, T. G. Barnhill.

Anatomy, Physiology and Pathology.—Dr. D. H. Beckwith, Chairman; Drs. Lewis Barnes, C. C. Olmsted, J. Pettet, W. Webster, A. E. Scheble.

Ophthalmology and Otology.—Dr. T. P. Wilson, Chairman; Drs. W. A. Phillips, C. C. White, E. V. Van Norman, C. H. Von Tagen.

Gynæcology.—Dr. J. C. Sanders, Chairman; Drs. E. C. Beckwith, E. Y. Howard, A. Shepherd.

Registration of Statistics.—Dr. J. Pettet.

Surgery.—Dr. N. Schneider, Chairman; Drs. S. R. Beckwith, H. F. Biggar, J. W. Haines, W. H. Parmalee.

Obstetricy.—Dr. A. O. Blair, Chairman; Drs. F. L. Flowers. H. Ring, J. H. Coulter, R. B. Rush.

Materia Medica.—Dr. Wm. Owens, Chairman; Drs. G. J. Jones, O. W. Lounsbury, T. F. Spittle, R. D. Connell, O. B. Moss.

Insanity.—Dr. E. C. Beckwith, Chairman; Drs. H. F. Biggar, T. P. Wilson.

The delegates appointed to the American Institute of Homœopathy, are Drs. D. H. Beckwith, W. F. Schatz, J. H. Coulter, F. L. Flowers, T. P. Wilson, H. H. Baxter, G. W. Smith, D. R. Kinsell and S. S. Lungren.

OFFICERS.

The election of officers for the ensuing year gave the following:

President—Dr. W. M. Detwiler, of Findlay.

First Vice-President—Dr. R. B. Rush, of Salem.

Second Vice-President—Dr. Wm. Owens, of Cincinnati.

Secretary—Dr. W. A. Phillips, of Cleveland.

Treasurer—Dr. J. C. Sanders, of Cleveland.

Board of Censors—Drs. E. C. Beckwith, O. B. Moss, M. H. Parmalee, H. H. Baxter, N. Schneider, J. R. Flowers and J. Pettet.

The following members were elected during the meeting: Dr. Edwin Gillard, Sandusky; S. S. Black, Columbus; O. B. Moss, Zanesville; R. N. Sheldon, New Lexington; J. C. Clay, Shelby; O. S. Rider, Cleveland; W. N. Rukenbrod, Salem; T. G. Barnhill, Findlay.

A vote of thanks was extended to the City Council of Columbus for the use of the Council Chamber, and to the *Daily Press* for so full and satisfactory a report of the proceedings.

Adjourned to meet in Cleveland the Second Tuesday in May, 1876.

Annual Address of the President, J. R. Flowers, M. D., Columbus, Ohio.

Gentlemen of the Homœopathic Society of Ohio:—We have held another pleasant and profitable session. Our Society is now eleven years old and continues to grow in strength and interest year by year; yet our number is small in proportion to the number of homœopaths in the State. There should be a general outpouring of the fraternity, and the object of our coming together annually should be for social greetings, and to be benefited by each other's experience and observations from time to time.

Long spun theories should be avoided, and our reports and discussions should be confined to therapeutics, surgery, obstetrics and practical medicine. Every physician has more or less cases every year that develop something new and interesting to the profession, and which reported, no matter how trifling it may seem to him, will call forth interesting discussion. Our school of medicine continues the forward march, and as the rank and file fill up, we have every prospect of a glorious future. Never before in the history of the world has a discovery in science so rapidly become useful and disseminated from land to land as Homœopathy. Its enemies at first thought to laugh and scorn the little pill out of existence;

but they are growing much alarmed of late, and are now calling all of their forces together to try and put it down. It has become so troublesome to the almighty *regular* that they are asking the great and liberal government to lend them the aid of the legislature to suppress it. Their object is not so much for the purification of the practice of medicine and ridding society of the evils of quackery, as it is to get out of their way a dangerous competitor for their honors and patronage.

It is not so much for the interest of the dear people that they are making such efforts against *irregulars* as it is for the interest of their own pockets. It behooves every Homœopath in the State to look after their members of the State Legislature, and have them fully understand the object of establishing boards of health and laws to regulate the practice of medicine. We should impress on the minds of our law makers that every effort that our old school have made before the legislative assemblies, was indirectly to interfere with the liberties of the homœopathic practitioner.

They will, in their future movements, endeavor to make use of the legislature to accomplish their most cherished desire, and that is to make the Homœopath haul down his banner. No member of our legislature can honorably vote for a measure that would deprive a large proportion of his most intelligent and influential constituents of the right of being treated when sick according to his own wishes. The constitution of the United States grants to every citizen the right of worshiping God according to the dictates of his own conscience. And we should see that every individual takes physic according to the dictates of his better judgment. Social persecution have no longer any annoyances. The Allopath has long since learned that his neighbor homœopathic physician commands the respect of an intelligent community, and that the cry of humbug, quackery, etc., etc., has ceased to be of any avail. It has become a dangerous enemy in the old school's camp. They can no longer make the people believe that it is nothing but *sugar*.

Our patrons are of the most intelligent class and investi-

gate and enquire themselves into the merit of this *"sugar pill;"* and then ask some very impertinent questions: Why does the homœopath have such good success in treating diseases of the most malignant character? They are told that when a homœopath gets into a tight place he resorts to allopathic treatment. If such were the case, they must acknowledge the Homœopath their peers in their own mode of practice.

The great revolution in the manner of treating diseases by the allopathic school has been brought about to compete with Homœopathy. Why do they not bleed, purge, blister and turn their whole artillery of physic on the poor invalid as they did a few years ago? They well know by such treatment they would soon have a slim visiting list. Even the most ignorant of their patrons would not tolerate such treatment at this age of improvement.

Homœopathy has taught that the mild treatment is the best; and, though they have no knowledge of the principle, *Similia Similibus Curantur*, we find them using *Aconite* in fevers and administering their medicines in very small doses. Their pharmaceutists are making their medicines milder and more palatable, and are doing much in the way of mitigating the torture of being drugged. Yet they occasionally have a martyr to their potent remedies through mistake and carelessness. Last week in this city a physician prescribed castor oil, and the patient received an ounce dose of croton oil and was sent to his "long home." Over a year ago black draught was prescribed for a lady in this city by a prominent Allopath, and received two ounces of black drop. She died in an hour. Such accidents never occur in the practice of a homœopathic physician. Is this the reason why he should not have equal rights to practice his profession along with his allopathic neighbors. Must he wear the scalp lock of his slaughtered on his belt before he can be recognized as worthy and qualified? The real truth is, that Homœopathy is becoming too popular with the people and is absorbing so great amount of their patronage, that they have fears for the future fate of their regular and antiquated system.

Homœopathy is one of the great improvements of this wonderful age; and is keeping pace with the tide of progress of these momentous times. Its contemporaries are the railroad, telegraph and the many improvements of the day. Its patrons can now be numbered by tens of thousands and among them the brightest intellects of the world. America has proved a fruitful field for this blessing; we have now many prosperous colleges; every state has a thriving society, and our national society compares well with any intellectual organization in the country.

Guizot, the French minister of state, when importuned to suppress the practice of Homœopathy in Paris, told its enemies that if it was a chimera it would soon die of its own accord; but if it was truth there was no power on earth to keep it down. Let our success be our recommendation. Let us adhere closely to the principles laid down in our organon, and bide our time. As Homœopaths, we are meeting with encouragement on every hand, and we are proving every day to the world that the homœopathic law is the only true and safe mode to heal the ills that flesh is heir to.

Constipation. By Lewis Barnes, M. D.

The word strictly means a condition in which something is packed or crowded into a narrow place. But it is ordinarily used to signify the state in which the bowels do not move as frequently as people think they should, whether fecal matters are gathered and packed too closely in the alimentary canal or not. It is thought that something should be expelled every day, at any rate. If nothing is there, something should be there. This view may be correct, at least partly. But nature, in its present condition, is exceedingly rebellious. The bowels of unnumbered people obstinately refuse to meet the public demand. They will not move in the required manner.

Nor will they disclose the chief reason why. Sometimes we may ascertain that something is crowding on them from without. It may be a tumor, a gravid or prolapsed uterus, or the pressure of dress, or something may clog the passage up within, as tumefied thickening of the coats, hemorrhoids, etc.

But the common difficulty seems to be a dormancy or want of power in the tube itself. It is either unable or unwilling to do its duty. What is the cause of this? Ah! that is the question for the wise to answer. I shall make no special attempt to solve this, but if any light should break forth in the course of the following remarks, let it shine.

What, then, are the feces, and why should they be collected and forced out of the body? They consist in part of such food or portions of food as have not been dissolved, digested or chymefied, which are found in the canal because they have been swallowed and have never left it. But they consist in part also of the various fluids that have been poured into the tube, for the purpose of dissolving and digesting the food, at various points, and perhaps all the way along the downward route. This inpouring begins abundantly in the mouth, where the secretion is called saliva; more abundantly still in the stomach, where we find the gastric juice; and freely also a little below, from the liver, and we call it bile. That the residue of this latter substance appears in the fecal matter, we know by the color, that a residue of all the other secretions may be there likewise is an inference from this fact. But we are sure that this is not all, and does not even include the main thing, because the destructive character of the fecal matter is different from any of the above substances. The infernal odor does not arise from any of them. But it seems to come somehow from the digested food.

Professor Liebig found that if albuminous or gelatinous compounds were heated with hydrate of potash until the nitrogen was dissipated, as ammonia and hydrogen began to pass off, the residue, when saturated with dilute sulphuric acid and distilled, would present a liquid possessing an intense degree of this fecal odor. It does not therefore seem to depend absolutely upon any thing strictly human or animal. Yet it is

modified by the human or animal nature of the vital retort, alembic or crucible, in which the process of chemical disintegration or digestion is carried on; because, the fecal odor is wondrously and abominably different in the different species and races of the animal and human creation. Something is received from the character or disposition of each.

Furthermore, the offensiveness of this matter corresponds in general, or to some extent at least, with the nature or disposition of the animal. The milder or more inoffensive or useful, as horses, cattle or sheep, are not so nauseous as bears, dogs and cats. The human is, perhaps, as bad or worse than any, but then he is more fallen from his best estate, and possesses, moreover, an epitome or mingling of all the natures below him. But the dejéctions of young children in their innocent state are far less offensive. And, then again, in sickness, especially of the more malignant types, those which appear to reach far into the mind, as typhus and typhoid fever,—the discharges are often unsavory to the last degree. There is, doubtless, a meaning in all these things.

But whatever the hidden meaning is, it is tolerably clear that when such matters are found in the system they should be put out. They seem to be the refuse, off-scouring, and spoiled substances which attend the whole process of digestion, assimilation and vital action in the whole body. Not only is alimentary substances taken up from the canal and carried every where, but worn-out, dead and deleterious matters are returned to it from every where, and its final duty is to turn them out and cast them away. It should be urged or induced in all reasonable ways to do this. How?

Give it a chance at some regular time, even if it does not remind you of your own duty in this regard, and tell it to go forth. Perhaps you have been suppressing its action, because it was incovenient for you until it has become discouraged. Reform yourself before you complain very loudly. The best way to reform others is often to reform yourself, indeed.

But if it will not work when you give it opportunity and time and set your mind upon it, you may touch it up with a little hateful medicine, such as fit-producing *Nux Vomica* or

stinking *Sulphur* or sickening *Tartar Emetic* or fiery *Arsenic.* Meanwhile you had better feed yourself somewhat freely on such desert food as fruit, vegetables and unbolted wheat bread.

But quite possibly the fault may not be in the intestinal tube at all. There may be nothing there for it to expel. Perhaps the salivary glands, liver, pancreas, etc., are not properly pouring in their several substances. Perhaps the still more remote and delicate glands connecting with this department of the laboring system are not sending down their foul and useless matters as they should. Perhaps indeed the whole system is at fault. If so, it is little use to censure, excite or medicate the bowels. The whole person, both mind and body, needs attention. The whole skill of the physician, ranging through his pathology, materia medica and hygiene, is called for. And, even then, the case will be full likely enough to prove intractable.

Perhaps some one may be disposed to ask me how, in particular, this disorder that we call constipation should be treated. My opinion, in answer to this, would be examine and think out each case for yourself. If you go to the "Books" for help, you will be likely to become confounded or swamped altogether. Let me illustrate: If you go to Baer on therapeutics, our latest and profoundest work, and begin to look in the index, you will find—not so much as the word constipation itself. Look now in Raue's Pathology and Therapeutics. You will find the subject here, and under head "Chronic Constipation as a general symptom." You will see indications for—how many remedies? *Forty-five.* How shall we know which one to administer in a given case? Let us begin at the beginning of the list and see what special indications are set down individually for these remedies: For *Aescul. hipp.*, we read, "Dry uncomfortable feeling in the rectum, *as if it were filled with small sticks.*" Really. But since we never heard of a patient complaining in that way, we may as well pass on. "Very painful hemorrhoids, with little bleeding." What! It is not piles that we are after, so let us go on to the next remedy: *Alumin.* "The rectum is inactive." No doubt it is. It must be in chronic constipation. "The evacuations can only

be effected by straining the abdominal muscles." Can one tell how else evacuations are ordinarily effected, constipation or no constipation? We are getting confused already, and may as well shut the book while we have any sense left.

Holcombe's Clinics.

Clinical Observations. By Wm. H. Holcombe, M. D., New Orleans.

INCIPIENT BRIGHT'S DISEASE.—This young gentleman, about 22 years of age, who now looks so well and bright, presented a very different appearance two months ago. He came to me for a gastro-intestinal affection of some six or eight week's duration. There was obstinate dyspepsia and frequent vomiting of food—digestion was not actually painful, but slow and difficult—obstinate constipation alternated with profuse serous discharges which prostrated him very much. Sometimes there was nothing but a little bloody mucus evacuated with great tenesmus. His debility was very great, so that walking only a little way produced pain in the calves of his legs. He was sallow, pale and low spirited.

If I had stopped here and questioned him no further, I would have taken the case for a chronic diarrhea or a subacute gastro enteritis. I discovered, however, that he was tormented with incessant thirst and was eating ice all the time, although his pulse indicated no febrile movement whatever. He complained of frequent burning sensation in the abdomen, but there was no tenderness on pressure. On inquiry I found that he had to get up five or six times in the night to urinate, although the quantity passed was not large.

He said it had been very red and smoky at first, but now it was perfectly natural. I took a specimen of it, and applied heat and the coagulated albumen occupied more than half of the space hitherto occupied by the urine. It was clearly a case of Bright's disease, in the first stage of the chronic form.

I put this patient upon an almost exclusively milk diet, gave *Arsenicum* 3d cen. before each meal and two or three grains of *Lacto-peptine* an hour after each meal. The burning pains disappeared first, and very promptly, the throat and vomiting next, and then the diarrhea. Appetite, strength and spirit all came slowly back, and in two weeks there was not a trace of albumen in his urine. In a month he resumed his business. I have released him from strict diet—still, however, prohibiting coffee, tea and all alcoholic liquors.

It is not always advisable to give medicine to arrest a a diarrhea occurring in Bright's disease—more especially in the later or the closing stages. The gastro-intestinal irritation is produced by the urea retained in the blood on account of the strictural disease of the kidney, and the elimination of that substance through the intestinal tract is supplementary to the renal secretion. The sudden arrest of it might bring on dropsy—or the still more dangerous state of uræmia. The best way is to choose the homœopathic remedy which covers most of the symptoms of the case—without limiting the attention to any one special point.

This case illustrates the necessity of testing for albumen in every case of obstinate chronic disease. Chronic nephritis, more than any other general disease, conceals its approaches under many insidious forms. Intractable headache and neuralgias, dyspnœa resembling asthma, temporary paralyses, dimness of vision, even deafness, singular dyspepsias and diarrheas like the above described, invincible bronchitis, heart diseases, strange nervous affections, etc., frequently have their *root* in chronic nephritis with its albuminuria and blood-poisoning; and the physician adds greatly to his reputation by early detecting the true cause of the symptoms.

DIPHTHERITIC CROUP.—The case I lay before you to-day illustrates in the clearest manner the power of medicines when used on the homœopathic principle. I was called to a child about two years of age, who had been treated for five or six days for diphtheria, which, notwithstanding repeated cauterizations and vomitings had attacked the larynx. The last consultation, held by three allopathic physicians, was to discuss the propriety of tracheotomy as a last resource. The child was breathing with fearful difficulty, voice wholly extinguished, circulation flagging, skin cold and blue—they determined *not* to operate as they considered death imminent and certainly inevitable. Under these circumstances I was called to take charge of the case.

I wasted about twelve hours in trying *Kali bichromicum* 2d dec., and then *Kaolin* 6th. My experience with diphtheritic croup has not been pleasant or favorable and I hardly knew where to turn for a remedy which I believe would be strictly homœopathic to the case. At last I ordered *Bromine*, one drop to four ounces of glycerine and water, (equal parts) one teaspoonful every half hour. In a few hours improvement was decided, and the interval lengthened to two hours, and afterwards to three times a day. Convalescence went on rapidly, and the child made a beautiful recovery, although he did not recover his voice for two weeks. This case ought to have convinced our three allopathic friends of the truth of *similia similibus;* but there are minds that would not, and indeed could not believe, "though one rose from the dead."

FOOT-ACHE.—*Ledum*, *Calc. Phos.*, *Hypericum*, *Ruta* and other remedies have been recommended for pains in the feet, through the instep or in the ball of the foot. I once saw a case of that kind, of twenty year's standing, greatly benefited by *Cod Liver Oil;* but I met with a case lately which is worth recording A young lady, delicate, scrofulous, had complained of the foot-ache all the winter. I told her to rub a little pinch of the *Flowers of Sulphur* under each foot every morning. At the same time I prescribed for a distressing membranous dysmenorrhea with terrible crampy pains in

the ovarian region during the courses. I prescribed *Borax* 6th dec., one powder every night during the interval, and *Caulophyllum* as soon as the flow came on. She reported in about three weeks that the courses gave less trouble than they had ever done before, but she seemed especially gratified that the foot-ache had entirely disappeared.

Does the *Sulphur* cure this pain? Or was it a reflex or sympathetic symptom connected with the state of the uterus and disappeared with the dysmenorrhea? Or was it affected by the *Borax*, which has several very decided foot symptoms?

DIET IN CHOLERA INFANTUM.—The nurse was walking the room with the baby in her arms when I called at sunrise, scarcely expecting to find the little creature alive. "Doctor," said she, "this child is heavier than it was yesterday, and that is a very bad sign."

The nurse was right; that sensation or perception of hers was a bad sign. But what does it mean? How could the child be *heavier*, when the serum of the blood and all the food and drink taken were pouring out of the intestines at every discharge, and the child was visibly shrinking into a state of collapse? The child was certainly lighter and still it felt heavier to one who carried it all the time. When a child dies in utero, the mother says it is heavier than it was before it died. The reason is, that it lies perfectly still and the center of gravity is not varied in the least, so that the woman feels a distinct, persistent pressure in one direction which gives the sensation of increased weight. So when a sick child becomes perfectly prostrate, and scarcely ever moves to shift the center of gravity from one point to another in the nurse's arms, a similar sense of increased weight is produced.

This remark of the nurse increased my apprehension. The child was six month's old, the disease cholera infantum; and my utmost therapeutic efforts had been put forth in its behalf—*Arsenic*, *Veratrum*, *Cuprum*, *Secale*, *Apis*, *Croton*, *Trillium*, and a great many other remedies had been tried in vain. Even *Bismuth*, lime water, astringent and opiate injections had been resorted to—I saw plainly that the child was

dying for want of proper food, such as it could at that time digest and appropriate. Mother milk, cow's milk, condensed milk, goat's milk had all been tried. Beef tea, mutton broth, chicken soup were equally fruitless. Everything, especially the milk, passed through unchanged.

I remember a remark of Vogel in his Diseases of Children, "no child with intestinal catarrh can tolerate cow's milk. The first condition of recovery is total abstinence from milk." I abandoned all the milks and the medicines. I gave the child rice, pleasantly salted, and a few tea-spoonfuls of coffee, as prepared for the family breakfast, every three or four hours. In a few hours the stools became bilious and infrequent, and in 24 hours the child had rallied,

This case is given as a valuable hint as to the importance of the right diet for each case. I have frequently found the diarrhea of children modified by the cautious use of oranges, peaches, bananas, strawberries and such ripe, juicy fruits as may be in season.

IMPETIGO SCABIOLA.—This old lady presents a large livid splotch on the side and tip of her nose, which three or four weeks ago exhibited an ugly and formidable appearance. The disease began as a fine cluster or group of pustules close together. They coalesced forming a great thick scab like the bark of a tree. Between the cracks or fissures in this dirty gray crust there oozed forth a sticky purulent secretion. The itching was very great. Her health was broken down, and her mind greatly depressed by absurd apprehensions of cancer. Some allopathic physician had saturated her system with *Arsenic* with no good result, and the patient was almost in despair.

These cases are generally promptly and permanently cured by *Graphites* 3d dec., every six hours, and by keeping the scab frequently moistened with glycerine.

POMEGRANATE IN CHRONIC DIARRHEA.—I was once cognizant of a brilliant cure of a severe chronic diarrhea of a year's duration by this domestic remedy, the Punica Grana-

tum. The rind was boiled with water until half of it was evaporated, strongly sweetened with loaf sugar, and fortified by a good deal of French brandy. It was not at all unpalatable and the cure was prompt and permanent. I do not know whether the case was really one of tape-worm or not. Pomegranate is certainly one of our best remedies for that very adhesive parasite.

Theory and Practice.

On the use of the Aspirator with a Clinical Case and Autopsy.

By J. D. Buck. M D.

Some two months since Mr. D., aet 43, Englishman, stone cutter, called at my office for examination and treatment. He had decided icterus, respiration labored and accelerated, twenty-four per minute.

Considerable dullness was found over the whole lower half of left lung, and an absence of respiratory murmur at the apex. There was constipation, night sweat, a short dry cough, loss of appetite and considerable exhaustion, though but little emaciation. The pulse was only eighty-eight, and not very distinct, tongue coated white at the edges and base, but red and dry at the tip, and through the center. At this time he had been under the care of various physicians of the old school for some eight weeks.

Various remedies were employed and for a couple of weeks there seemed some improvement. The tongue became clear and lost its redness, the icterus also disappeared, but enervation became more marked, respiration more difficult and

hurried, absence of all respiratory murmur over left lung except the upper portion of upper lobe, and the patient complained of stitches all through the left side extending to the axilla and down the arm as far as the elbow, the labored respiration prevented sleep, the patient could lie only on the left side. Upon stethoscopic examination the sounds of the heart were normal, but its action feeble. Remedies seemed to produce no decided change, and the patient grew worse. The respiration became daily more difficult, the patient literally panting for breath, at the same time the cough was but little increased with slight expectoration of ropy mucus. There appeared also some distension of the left thoracic wall, which rapidly increased until by measurement it exceeded that of the opposite side nearly two inches, and calling in consultation Dr. Saal, it was agreed that effusion was rapidly taking place sufficient to justify paracentesis. Accordingly, the operation was performed by the use of Dieulafoy's pneumatic aspirator. Respiration being so difficult the patient was placed in the upright position and the aspirator needle inserted into the fifth intercostal space and pushed into the pleural cavity at the lateral center, the attachment being made after the receiver had been well exhausted, the bottle filled rapidly, and in this manner five and three-quarter pints of fluid were withdrawn.

But slightly improved respiration followed, and on the following day typhoid symptoms had set in. Pulse feeble and continuous, cheeks flushed, eyes protruding, pupils dilated, muttering delirium, tongue dry and brown, urine had been normal throughout, although there had been watery diarrhea previously, the evacuations were now quite normal. Repeated examinations failed to reveal any further effusion in the thoracic cavity. There had also been no return of respiratory murmur. Hepatization had evidently taken place. Examination of the cardiac region however, revealed the presence of effusion there which rapidly increased until the third day. After the first operation, it was decided to tap the pericardium. The aspirator needle was inserted first in the sixth intercostal space immediately below the point of the

previous operation under the idea that the fluid might be in the thoracic cavity, but a thorough exploration there failed to reach the fluid, only a few drops being withdrawn. With the needle however the hepatized lung could be distinctly felt offering firm resistance and nearly filling the thoracic cavity. The needle was then withdrawn, and inserted three inches below the left nipple at the center of the fluid as revealed by percussion, and pushed obliquely down toward the median line, and upon attaching the aspirator the bottle filled rapidly and was emptied and replaced till two and a half pounds of bloody serum had been withdrawn. The fluid flowed rythmically like blood from a severed artery, putting forth at every pulsation of the heart. The wound made in these operations, owing to the small size of the needle, being not more than the sixtieth of an inch, closed immediately on its withdrawal, and required no further dressing, while the air pump attached to the aspirator secures a continuous flow under very considerable pressure. Following the last operation there was for the first time for many days a distinct pulse each stroke being well defined at the wrist and great relief was experienced in the respiration of the patient. These symptoms of improvement were however of short duration. The patient continued to sink till on the 23d inst. twenty-two hours after the operation he died.

The case had been one of unusual interest. From the point of the last operation and the direction pursued by the needle it was difficult to see how the pericardial sack could have been avoided, and that it had been entered seemed also evident from the rythmical flow. On the other hand the unusually large quanity of fluid evacuated made it doubtful whether the pericardium had contained it. Accordingly an autopsy was solicted and obtained, with the following result.

The right lung pleura and thorax were nearly normal. The left thoracic cavity contained about a quart of fluid like that which had been withdrawn at the first operation, The pleura showed signs of no very extensive inflammation, the left lung seemed to have been inflated to its fullest extent, and

hepatized, of a reddish brown color and nearly as fragile as coagulum. The heart was depressed, pushed back into the posterior mediastinum, leaving considerable space between the pericardium and sternum. Externally the pericardium was corrugated and covered with a thick feeble organized fibrinous deposit, while its left lateral and superior portion was firmly adhered to the hepatized lung, a pathological mass literally grown together. About half an inch from the border of the lung, overlapping the heart, appeared the mark of the trochar which could not be traced beyond the externally thickened and corrugated pericardium and did not pass through it.

Upon opening the pericardial sack it was found to be adhered to the walls of the heart by bands running here and there, which it required considerable force to sever. The sack contained but very little fluid. The walls of the heart were atrophied, so that at no point were they more than a quarter of an inch in thickness; the tissue was of a pale reddish hue, and soft in texture, the muscular fibers being undefined. The whole organ was not more than two-thirds its normal size and felt in the hand like an empty rubber bag. Upon opening its cavities its valvular structure was unimpaired, and nothing abnormal was discovered in its internal structure.

What then had been the theater occupied by the two and and a half pounds of fluid evacuated at the second operation? Both the cardiac and pleural cavity had been shown not to have contained it; the former on account of its size, adhesions, and the absence of any mark of entrance of the needle; the latter, the pleural sack, from the failure of the needle to draw any fluid when inserted in the sixth intercostal space, the needle sweeping along the external lateral portion of the hepatized lung which could be distinctly felt and defined. From the adhesions described, the depression and atrophy of the heart, the corrugated and parboiled appearance of the pericardium, and the locality of the puncture as observed and described, the fluid must have occupied the anterior and middle mediastinum, and the rythmical flow

observed must have been due to the adhesions which caused the pericardium to accompany the heart in its motions.

Judging of the course of the disease by the pathological condition, we had originally carditis, probably from an attack of rheumatism five years previous, and the inflammation extending from the heart to the pericardium, reached at length the lung in the form of a sub-acute pneumonitis with infiltration and hepatization and finally hydrops.

Although the use of the aspirator had little to do in staying the progress or fatal termination of the disease, still its use justified the high praise hitherto accorded to the instrument as being superior to all other means of evacuating fluid from any cavity within the body. The pressure exerted by the air pump produced a continuous flow, and filled the chamber rapidly, even through a very small needle; thereby precluding the necessity for drainage or the possibility of the entrance of air; and I have no hesitation in recommending the aspirator as a very valuable possession to every physician.

Electro-Cautery Operations. By E. S. Stuard, M. D., Covington

The application of heat, as developed by the galvanic battery, to the performance of important surgical operations dates back to the year 1850. Prior to that time, the only surgical uses it was put to, were the destruction of dental nerves and the removal of naevi. We are indebted for most of what is even yet known of galvano-cautery to Marshall and Ellis, of England 1850—1852, and Middledorpff, of Germany 1854. Subsequently, reports of important cautery, operations by Semeleden, Newman, Zsigmandy, Braun and others of Europe; Drs. Naeggerath, Thomas, Guleke, Simms, and Jacobi of this country have been published. To Marshall, Ellis and Middle-

dorpff, however must be conceded the claim of priority, in in originating all that is of practical value in electro-cautery.*

As our design in the preparation of this article, is to awaken a desire on the part of the professional readers of the "Advance" to know more upon the subject of galvanic cauterization, and not feeling justified in taking up more space than is consistent with a proper representation of the subject, we shall confine ourselves to a brief description of the Galvano-Cautery Battery, and conclude with some clinical cases illustrative of the uses it may be made to subserve in operative surgery.

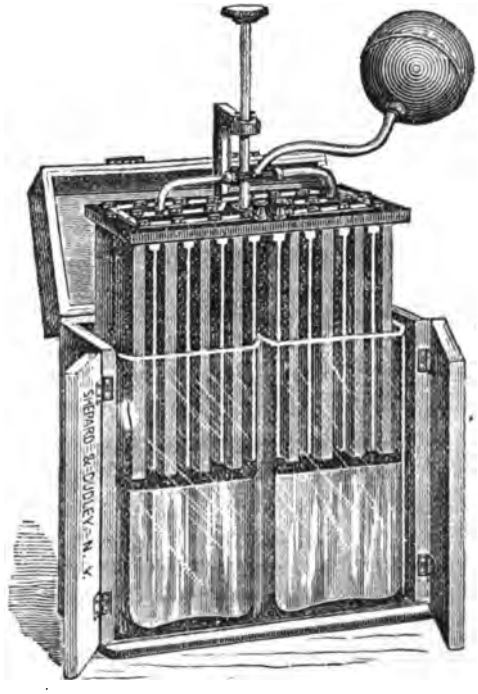
Dr. J. Byrne in his Clinical Notes on the Electric Cautery in Uterine Surgery gives the following description of a battery devised by himself and employed in some of his most important operations: "The Battery consists of twelve carbons and zincs, each 3 by 5 inches, combined and arranged to represent four sets or cells of three pairs each. In this order the elements are securely fastened by nuts and screws to a hard rubber platform 7½ by 8 inches in surface, and one-quarter inch thick; and the combinations and connections effected by means of narrow strips of copper annealed and nickle plated, in the center is a cog-wheel three inches in diameter, which on being turned by means of an upright handle causes the two water agitators to revolve. Near the front edge of the platform is fixed what might be properly denominated an electro-tension disc, by the aid of which the whole character of the battery may be changed in a moment, so as to represent either two cells, as when quantity is needed, or four cells when great resistance is to be overcome, such as heating a long thin wire."

"The latter simple contrivance has rendered this battery in my hands equally reliable and powerful in every emergency, being capable of heating (white) from 6 to 8 inches of No. 16 wire (Stubb's guage), or over 12 inches of No. 21; the last mentioned being the size which I always select for looping purposes.

"Passing through the center perpendicularly is a square rod

*Clinical notes on the Electric Cautery in Uterine Surgery, by J. Byrne M. D., William Wood & Co., New York.

notched on one side for the reception of a ratchet-spring fixed to the collar of the central wheel, and by which the battery may be easily lowered into the liquid, or raised and kept suspended at any point desired. The upright rod being screwed into a transverse support in the box, can be removed when the battery is not in use. The box is divided into two parts by a central plate, suspended above, and running from before backwards; a stop cock is provided for drawing off the fluid, and washing out the battery after being in use, and the whole being made of hard rubber, moulded, there is no necessity for lead or other lining."



The accompanying cut gives a faithful illustration of Dr. Byrne's improved deflagrating battery, made by Shepard and Dudley, New York. The advantages claimed for it, by the inventor are its smaller size, greater simplicity, perfect reliability and comparative cheapness.

Tracheotomy with the Galvano-Cautery. By Geo. R. Fowler, M. D., Brooklyn, N. Y. Medical Record, April 17th, 1875.

On March 17th, 1875, I was called to meet in consultation Dr. Danfield in a case of membranous croup, occurring in Willie G., aged seventeen months. The child had been attacked three days before, and now presented the peculiar appearance of croup in its last stage. The alea nasi being widely dilated, the epigastrium sinking deeply at each inspiration, and almost complete cyanosis existing. Pulse 140 and soft, several convulsions had occurred. At 7 o'clock no change for the better being perceptible, Dr. Figueira, Dr. Danfield and myself concurred in the advisability of opening the trachea. A Byrne's caustic battery was used, of the very portable pattern manufactured by Shepard & Dudley, of New York. The knife was the short scalpel shaped one used by Dr. Byrne in some of the operations upon the uterus, held in a hard rubber insulated handle, and connected to the battery by the usual method. The child having been placed upon a dining table, the shoulders supported by a pillow, chloroform was administered, The battery was placed upon the table at the child's left side, the connections made and the plates lifted out of the solution. All being in readiness the plates were lowered in the solution, and upon the knife becoming incandescent the first incision was made in the usual location, viz: from the cricoid cartilage to within a few lines of the sternal notch. The cautery knife was held as one would hold an ordinary pen. The tissues were divided with extraordinary facility, the slightest contact being sufficient, the edge of the wound gaped widely, not the slightest trace of blood being visible to obstruct this view until the isthmus of the thyroid was reached, when an undue amount of haste was exercised, on account of the patient having stopped breathing. At this point about one drachm of blood was lost, and even this would not occur in a similar case, as artificial respiration would have soon restored the patient for the few seconds needed to complete the operation. Upon reaching the rings of the trachea, the latter were easily recognizable. The caustic knife was now laid aside, a tenaculum inserted to

steady the trachea, and the latter opened with an ordinary bistoury. Here a very small portion of blood was again lost, during section of the mucous membrane lining the trachea and the areolar tissue adherent to the surface of the divided rings. The tube was readily inserted and our little patient was soon comfortably breathing.

He rallied from the operation remarkably well and drank brandy and water freely. The pulse remained as before for an hour, and then grew stronger and steadier. Not more than two drachms of blood were lost, and as before stated, a portion of this could have been avoided. The patient slept comfortably for several hours, pulse and respiration constantly improving. The tube was occasionally removed and cleaned.

At 3 o'clock, seven hours after the operation, a convulsion occurred. The tube was removed and found to be perfectly clear. At 6 A. M., three hours later, another convulsion occurred, in which the patient expired.

On the treatment of hemorrhoids, prolapsus recti and fistula ano, by Thomas Bryant, Esq., surgeon to Guy's Hospital, in London Lancet, May 16, 1874, Mr. Bryant remarks: "The surgical treatment of these affections of the anus and rectum has been much simplified by the introduction of the galvanic cautery, and cases of hemorrhoids and prolapsus recti, however well they may be otherwise clamped and cauterized, can, with it, be treated with greater facility, confidence and success.

Cases of fistula in ano, by means of the same instrument can likewise be divided in a simple and bloodless way, with less pain at the time, than that caused by the knife, and less subsequent disturbance; indeed I am disposed to think in the bloodless nature of the operation for fistula in ano the general utility of the instrument is well displayed, although its special value is doubtless better seen in the treatment of the cases I have already brought before your notice.

The operation for the removal of hemorrhoids or the cure of prolapsus recti with the galvanic cautery, differs in no respect from that usually performed with the common cautery. The bowel to be treated is brought well down into view, either

by means of the patient who is made to strain over a pan of hot water, or by an enema of warm water. The different portions of the bowel to be removed are then seized and clamped in vertical pieces radiating from the anus, each clamped portion or rather the upper half of each portion being then cut off with scissors. The parts are then made ready for the application of the cautery—the porcelain cautery heated to a red heat. This is to be rubbed over the surface of the projecting mass till it is burned down to the level of the clamp, and turned into a dry eschar; each piece is to be dealt with in order, and each clamp removed as its segment is cauterized; the whole being carefully returned and pressed into the rectum when the operation has been completed. Where the cautery is efficiently applied, no bleeding follows this operation, and very little pain. The pain induced after the galvanic-cautery is far less, than that which follows the actual cautery. During the application of the cautery the soft parts should be well protected by strips of wet lint or ivory spatulas. The following cases will illustrate many of these points.

INTERNAL HEMORRHOIDS.—Eliza D., aged thirty six came into Guy's Hospital under Mr. Bryant's care with extensive hemorrhoids, which had been gradually getting worse for three years; she had lost much blood from them, both when at stool and otherwise.

On Jan. 27th, Mr. Bryant applied a clamp to three distinct masses of hemorrhoidal substance, cut off the tops of the projecting masses and freely burnt down the stumps with the galvanic cautery. He then removed the clamps and returned the projecting bowel; no bleeding followed, very little pain after the operation. On the fourth day the bowels were releived by an enema and on the seventeenth she left the hospital quite well.

PROLAPSUS RECTI.—In Jan., 1870, was consulted by Miss H. aged 57, for a severe prolapsus of the rectum with daily bleeding from the part. It had existed for sixteen years, and been

steadily getting worse. The bowel came down, on the patient standing.

On Jan. 27, I removed four vertical portions of the mucous membrane of the bowel, having previously clamped them and cut off the projecting folds. No blood was lost during the operation and rapid cure ensued. The lady was up and about well in three weeks.

Fistula in Ano, Divsion by Galvanic Cautery.—Thomas D., aged forty-three, came under Mr. Bryant's care at Guy's Hospital in August, 1872 with a fistula in ano of five months standing. On August 6th, Mr. Bryant laid the fistula open into the rectum by means of the galvanic cautery. He passed a probe first through the fistula, and then down the platinum wire through the sinus, one end of the wire being brought out through the anus, and the other through the buttock. The wire was then heated, and, by a gentle drawing motion, the tissues were divided. No bleeding or pain followed the operation. On the fourth day the bowels acted, and in three weeks the parts had completely healed.

Miscellaneous.

Salicylic Acid.

The dominion of "elegant pharmacy" has been extended; antiseptics and deodorisers may no longer boast of an exclusive privilege to be as disagreeable and abominable as they

please; an aristocratic first cousin to carbolic acid has entered into trade, and is rapidly proving to demonstration the superiority of "blue blood." The advent, commercially, of salicylic acid as a substitute for carbolic acid may well be regarded as a great stride for those who cultivate "elegance" as well as utility and efficacy, for the former substance appears to possess a degree of antiseptic power equal, if not superior, to that of the latter; and while carbolic acid possesses a disagreeable smell and other unwelcome properties, salicylic acid appears as a crystalline powder, nearly colorless, possessing a very faint sweet taste, and almost without any injurious action on the health. We are indebted to the Germans for this conquest. Salicin is the well-known vegetable principle existing in various species of the willow, poplar and other trees and plants. Salicylic acid is a derivative of salicin. That it was powerfully effectual to suspend or entirely prevent fermentation and putrefaction has only quite lately been recognised by the Germans, who soon found that its natural sources, as above alluded to, were quite inadequate to enable the manufacturer to produce it in the quantities and at the price that might soon become almost a necessity. Kolbe, Professor of Chemistry at the University of Leipsic, took the matter up, and recognizing the fact that phenol or carbolic acid might be so split up as to produce, among other substances, salicylic acid, he devised a process for its manufacture which is now practically employed at a chemical works at Dresden.

Dr. Squibb describes the bleached or unbleached acid as occurring in minute broken acicular crystals, which give it the appearance of a granular powder, soft and smooth under the pestle or knife, but somewhat rough or resinous when rubbed between the fingers. This powder is odorless and nearly tasteless. It has, however, a sweetish and astringent after-taste, with slight acridity in the fauces, but none in the mouth; and though tasteless it leaves a disposition or inclination to expectorate which continues for some time.

Salicylic acid is very difficultly soluble in cold water, but easily dissolved by hot water, alcohol and ether. An aqueous

solution containing from 0.2 to 0.4 per cent. of salicylic acid may be obtained by cooling a hot solution, when the excess crystallises out. The acid is far more soluble in water containing a small portion of neutral salt.

Dr. Squibb very properly points out that it is, in all probability, a purely accidental, although a very curious circumstance. that a substance of long and well-established character as an anti-ferment should offer a molecular constitution so well adapted to be broken up into a still more powerful anti-ferment, for there is no relation whatever, either in composition, or chemical or physical properties between carbolic acid and salicylic acid, except in their effects by similar or altogether different reactions. Accordingly it must not be hastily assumed that in salicylic acid we have simply carbolic acid under a new name, but the compound must be experimentally tested, compared, and then judged on its merits. Numerous experiments reveal the fact that salicylic acid is a powerful antiseptic; indeed it is asserted to be far more powerful and effective in smaller quantities than any other antiseptic. Consequently its innocuous character, and the absence of odour and taste which characterise it, make it immeasurably superior to carbolic acid, which possesses qualities sufficient to restrict its application within very narrow limits. Other advantages which salicylic acid is said to possess beyond all other antiseptics are, first, that it may be used in quantities sufficient to be completely effectual for surgical purposes, and yet devoid of any irritating action on the living tissues, nor does it produce inflammation, nor any caustic or corrosive effect in any quantity. Although the very small quantities that are effectual are quite neutral, it is admitted that large quantities may be irritant or painful, but not beyond what may be described as a stimulant. Secondly, it is said to have power over processes of decomposition which are beyond the reach of all other antiseptics or anti-ferments, since it entirely suspends the chemical vitality which causes the production of the volatile oils in mustard, and bitter almonds, the effect of diastase, etc. Thirdly, it has no poisonous effect in any reasonable quantity.

Qualities of a Good Doctor.

An exchange gives its readers some advice how to choose a doctor. The advice is as good for the doctor as the patient. Here it is:

First, let us advise you to avoid a mean man, for you may be sure he will be a mean doctor. Avoid a dishonest man; he will not be honest with you as your physician.

Shun the doctor that you can buy to help you out of a scrape—a good doctor can not be bought.

Avoid the untidy, coarse, blundering fellow, for the man who is clumsy in hitching his horse; you may be sure is not handy at midwifery or surgery.

Avoid the doctor who flatters you, and humors your lusts and appetites.

Avoid the man who puts on an extra amount of airs; be assured it is done to cover his ignorance.

Avoid the empty blow horn who boasts of his numerous cases, and tells you of seeing forty or fifty patients a day, while he spends two hours to convince you of the fact. Put him down for a fool.

To be a doctor, one must first be a man in the true sense of the word.

He should be a moral man, honest in his dealings.

He must have good sense, or he can not be a good doctor.

He should be strictly temperate. No one should trust his life in the hands of an intemperate doctor.

He must have some mechanical genius, or it is impossible for him to be a good surgeon.

It is a good sign if he tell you how to keep well.

It is a good sign if the members of his own family respect him.

It is a good sign if the children like him.

It is a good sign if he is neat and handy in prescribing medicines and folding powders.

It is a good sign if he is still a student, and keeps posted in all the latest improvements known to the profession for alleviating human suffering.

Correspondence.

JACKSON, TENN.—I beg to extend my congratulations to you for the fine appearance of your journal and the useful information it contains. I have met with excellent success in in the treatment of inflammation of the middle ear (what kind of inflammation doctor?) with *Merc. Sol.* (Med. Advance for April, 1875) and *Hydras, Canad* as a powder blowing into the nose. Also I use Politzer bag to inflate the tympanic cavity. The old school doctors here seem ignorant of this method and hence do not relieve these cases. I. W. B.

SYRACUSE, N. Y.—Will look over my chip basket and send items for the Advance soon. We are having plenty of Typhoid and severe in form; have had considerable Diphtheria; have found *Arsenicum* invaluable in the latter. We have had another disease which has baffled the most skillful, viz: *Financial Constipation.* Have had the best success in treating it with *Aurum Met.* and *Argent. Met. Placebos* don't work. L. C. C

Current Medical Literature.

Under this head we hope to present some of the cream of our exchanges.

POPULAR SCIENCE MONTHLY.—The June number is well freighted with interesting matter. We are especially struck with "The Microscope—Its Misinterpretations," by John Michels. The scale of the Podura, a minute insect, which

dwells in damp, dark places, is a well-known test object, by which for twenty-five years, past microscopists have tested the quality and power of objectives. Every feature of this scale was supposed to be as well known as the alphabet. Recent investigations have shown all former notions entirely erroneous. A small war has been raging among microscopists over this question and the new views have doubtless triumphed, and will hold their ground until they are displaced. The fact is, if a common object, like the scale of the Podura, is so difficult of determination as to its structure, what shall we say of the alleged revelations of the microscope in the field of pathology. Many of these investigations have been made by solitary observers and most of the important objects have been seen by very few only and yet we have these very discoveries made the basis of important theories and conclusions which go far to color if not absolutoly control our therapeutical practices. The author closes with this truthful warning:

"The fact that the most skillful microscopists of the age all differ upon the true appearances of a common and not very minute object and the microscope itself presenting to the vision the most opposite appearances of one and the same object should act as a caution to those who accept, too readily, theories based upon microscopical research; and suggest, that in the cause of justice when life is at stake, single handed evidence relating to the microscopical examination of apparent blood stains, should be verified by at least a second person before being accepted. Thus we see that the so called revelations of the microscope are but hieroglyphics needing the interpretation of a mind of the highest culture, and that while the microscope is a good servant it is a bad master—mighty in the hands of a Huxley, but as useless to a man without powers of discrimination, as the chisel of Michael Angelo would be in the hands of a Modoc."

Apropos to this is the following sage statement made in the April number of the *Popular Science Monthly:*

"When it has been demonstrated that disease is the result of disordered cell secretion then medicine will rest upon a scientific basis." Indeed! But this is not so clear as mother Goose's declaration:. "When Johnny grows up he'll be a

man." It will be as hard to prove the conclusion as the premise. The microscope must be relied upon to prove, if it ever does, that "disease is the result of disordered cell secretion." And we have just seen how untrustworthy is the microscope. But why wait for the demonstration? Why not assume it to be true and see how it works? If true, then it places medicine "upon a scientific basis" without a demonstration. If not true we can be no worse off. In that case the law of *Similia* might be put to test; and it don't rely upon the microscope fortunately. And being found to work satisfactorily, we might forego the trouble of investigating "disordered cell secretion," or let it come to light in the fullness of time What blindness in men to grope with moles and bats when they might have abundant light!

Prof. A. F. A. King, M. D., in "The Conservative Design of Organic Disease" endeavors to show that disease actually prolongs rather than shortens life. His position is that of an enlightened Allopath thoroughly appreciating the inutility of the allopathic system of therapeutics; as is apparent from the following:

"Now-adays we have laid aside bleeding and emetics, mercury and evacuants, and, content with feeding the patient and contribiting to his comfort, we leave the disease to take care of itself—we trust again to the *vis medicatrix naturae*. The physician of to-day who should boast of curing a disease (unless indeed it were an ague with quinine) would be considered by his more highly-informed fellow practitioners as profoundly ignorant of the recent advances made in the science of pathology."

Here's richness, indeed! It is the gentleman himself who is really behind the times. Does he know so little of the most "recent advances?" Has he not heard that Dr. Gross made, and the great American Medical Association applauded, the proposition to restore blood letting to its ancient prerogatives in the field of medical practice? Of course, emetics, mercury and evacuants will follow and assume their ancient rights also and the *vis medicatrix naturae* will take the back

seat. No doubt Dr. King's maligned and offended brethren would even now gladly give him a course of head shaving, blistering and depletion generally, until he rid himself of the pernicious idea that diseases can not be cured. Unless drugs are implicitly believed in where will be Othello's occupation? At this rate there will soon be no need of doctors or druggists. The suggestion is simply treasonable and fatal.

Editor's Table.

Dr. W. A. Shappee has settled in Xenia, O.

Dr. Gilchrist explains that his resolution referred to in the May number of the *Advance* was incorrectly reported and so not properly open to our criticism.

Dr. E. A. Whitlock was married May 18th, 1875, to Miss Matilda Reiche, of Boonville, Mo. The Doctor settles in West Point, Iowa.

Dr. Sara B. Chase is winning golden opinions, and ducats also, we hope, in New York City and the East by her popular lectures on hygiene and the laws of life.

Dr. Geo. S. Norton, late Resident Surgeon of the N. Y. Ophthalmic Hospital, has opened an office at 36 W. 27th St. and will give his exclusive attention to diseases of the eye and ear.

Dr. Anna Warren, of Emporia, Kansas, recently presided acceptably over the deliberations of the medical society of that state. This is a novel innovation and shows how dangerous it is to make vice-presidents even of the ladies, for, on a pinch, they might make things serious.

A NEW WORK.—A condensed Materia Medica is under way by the indefatigable Dr. Hering. The publishers Boericke and Tafel, hope to have it out by Autumn. Is this the thing boiled down, so much has been said about? And will we have more of the controversy over what is put in and what is left out? Is the author aware that he is building for himself a bed of thorns?

THE Regents of the Michigan University have decided to employ for the Homœopathic Medical Department a Professor of Materia Medica and Therapeutics and a Professor of Theory and Practice. "Dr. Ellis, of Detroit, said he thought the report in its present shape would not be the best solution of the difficulty, nor entirely satisfactory. He thought there was a wide divergence between the two schools in the practice of surgery and in the diseases of women and children. With such a liberal appropriation as $6000 a year, he thought it was practicable to give instruction in everything pertaining to homœopathic treatment. Two chairs alone were not enough. This mere homœopathic handle to an allopathic jug would not attract homœopathic students to any great extent.

There will probably be an additional fund of about $3000 from students, enough to warrant another professorship. He also objected to the proposed manner in which the homœopathic students' diplomas were to be signed."

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J. P. GEPPERT, PR.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., AUGUST, 1875. NUMBER 4.

All business communications, relating to the publication or to advertising, should be addressed to DR. T. P. WILSON, S. W. Cor. Seventh and Mound Sts., Cincinnati, Ohio.

Subscriptions to the ADVANCE should be sent to DR. T. C. BRADFORD, P. O. Drawer 1284, Cincinnati, Ohio.—$3.00 a year, IN ADVANCE.

OUR premium of Hippocrates for Vol. 3, has been delivered and if not received by all our paid up subscribers they will please report.

SEND your patients for recuperation to Kelly Island. We know from personal observation that as a health resort it can not be surpassed.

CINCINNATI INDUSTRIAL EXPOSITION commences Monday, September 8th. It will greatly surpass its predecessors and we hope to see a multitude of our friends on the occasion.

WHERE was the doughty editor of the Investigator, when his Pennsylvania correspondent was vainly seeking admission into the American Institute? Did the objecting parties know what a slur they were casting upon the great journal of the Northwest when they refused the hand of fellowship to its contributor? If the Investigator had manfully stood by the ADVANCE, all would have been well.

HOMŒOPATHY like other things has sometimes need of being saved from its friends. So little judgment do some men have that they are quite as apt to injure the cause they attempt to defend as are their opponents. And indeed their professed friendship only serves to make their ill-considered thrusts all the more deadly. Dr. Hughes, of England, recently said,

"Homœopathy is on the wane both here at home and abroad." And this statement is echoed and re-echoed by allopathic orators until we grow indignant at the spirit of folly that could wrench such a statement from a man who knows, if he knows anything, that, in the unqualified way he put it, it is simply false and the currency his name gives it does an injury to our cause by no means compensated by the long and ardent labors he has given to Homœopathy. And here we have another instance of mistaken zeal that is worse than direct opposition. Dr. T. S. Hoyne, Chicago, writing on the obstacles to the progress of Homœopathy, (U. S. M. I., July 1, 75,) attempts a statement of facts that is actually painful to contemplate. He says "it is getting to be quite a rare thing to hear of a homœopathic physician conducting a serious case from begining to end without using, *as such*, cathartics, sodorifics, diuretics, palliatives, etc., etc., in direct opposition to our law." The doctor doubtless takes his cue from the company he keeps. He does not reflect the opinion of those more widely acquainted with the practice of our school. He is mistaken and his mistake can only bring injury to the fair name of Homœopathy. And he goes on to say further, "it is no unusual thing now a days to see or hear of families who have gone back to the old style of treatment (much modified) because as they say, they can see no difference in the two schools. Many of our schools are going backward and just commencing to travel the road the Allopath has deserted." And the whole article is full of just such absurd statements. The doctor's digestion is disturbed; his vision is astigmatic; he writes like a cynic; to him evil things look large and good things small as when he says "the fees of the American Institute of Homœopathy are altogether two high for the benefits received." We hope that men who have such spells will refrain writing for the journals until their disorder abates and the sun shines on their heads a little while.

Once when suffering from the pangs of dyspepsia, we remember to have written just such a screed on the inevitable downfall of Homœopathy. But before we got a chance to print it the disease subsided and the article went out in smoke and ashes. The fact, is Homœopathy is getting on swimmingly; never had a brighter future than to-day and is sure to more than meet the expectations of its friends and certain to disappoint those who prophesy evil concerning it.

AMERICAN INSTITUTE, PUT-IN BAY MEETING.—To the homœopathic school of America the greatest of annual events is the meeting of the American Institute of Homœopathy. The influence of this Association is felt throughout the remotest parts of our now widely scattered profession. The thousands of doctors who fail to attend, have nevertheless a lively interest in the proceedings of the Institute. They greet us on all hands, on our return, with, "Well what did you do at the Institute?" But this is not all. As the representative body of American Homœopathy, its perturbations reach to the widest limits of all medical science both at home

and abroad. Much as they affect to scorn us, intelligent men of other schools scan with interest the doings of our Association. Its proceedings form the annual balance sheet from which we can get the only possible estimate of the general success or failure of our school. Men everywhere base their opinions of our status and progress on the annual showing here made. The interest therefore which pertains to the sessions of the Institute are of no common order. And it gives us genuine pleasure to be able, on our return from the Put-in Bay meeting, to record our approval of its proceedings, considered as a whole. In most respects it was quite superior to any of its predecessors. The beauty of the islands, and their surroundings, the salubrity of the climate, the outburst of social enjoyment and the varied entertainments afforded by the place, were all of the highest character. But the scientific work of the convention was by no means what it should have been. In this respect it did not reach the point obtained at last year's meeting. One or two bureaus held their own, and possibly advanced on their previous work. In all of them, the papers were good, some were excellent and a few brilliant. But the discussions they gave rise to were extremely disappointing. The report of the sectional meetings of the various bureaus may show something worthy of note; but in general session, the time, as a rule, was simply frittered away. Some of the members who assume to be leaders, seemed to have no idea of the gravity of the occasion. A log school house debating society would have had as much importance in their eyes. Ambition and vanity had their full play, and were plainly and painfully prominent in much that was done. They usurped the proper work of the Institute and destroyed as far as they could the scientific value of the meeting. When men descend to wrangle about election to office and appointments on bureaus, the loss they suffer individually is great enough, but the injuiry they inflict upon the Association is measureless and irreparable. A body of scientific men might, with propriety, cultivate a spirit of grace and dignity. Yet no one could deny them the right of social enjoyment. But such men have no need of being frivolous. Moths may flutter around the candle until they scorch their wings and injure only themselves, but they are annoying when they fly against people's faces. And these are the very things that served to detract from the pleasure of our meeting. Men should not lose their heads and make themselves the laughing stock of their companions. If they do, we have no right to complain, perhaps only so far as such things obtruded into and obstructed the legitimate proceedings of the convention. We say this "by special request;" for the majority of the Institute feel that something should be done to check the tendency to frivolity, and to make each member feel that every act done in the session of the Institute, carries with it the widest and gravest consequences.

Holcombe's Clinics.

Clinical Observations. By Wm. H. Holcombe, M. D., New Orleans.

ARNICA IN TYPHOID STATES.—Hering says truly that the first action of *Arnica* is similar to that of typhus fever. It is valuable in *typhoid conditions* of various diseases. I am always reminded of its use by the occurrence of stupor with the involuntary discharge of fæces. I had, lately, a case in which its action was very surprising.

A man, aged 67, took a cold bath (a very unusual thing with him) and was attacked that night with acute otitis in both ears, I never saw a human being suffer more than he did for a couple of days. After the ears discharged, which one did through the eustachian tube into the mouth, he sank slowly into a state of stupor with great heat of skin, exceedingly full and hard but slow pulse, and a dry, almost black tongue. He could always be aroused from this stupor and would answer intelligently, but would relapse immediately into profound stupor again. He seemed to suffer no pain, and I could detect no sensibility on pressure anywhere but in the region of the liver. His eye was dull, his expression stupid, and the face deep red, almost as red as mahogany. I diagnosed suppurative inflammation of the membranes of the brain by extension from the auditory apparatus.

Aconite, *Belladonna*, *Bryonia*, *Gelseminum*, *Veratrum*, *Vride*, *Baptisia* and *Rhus*, had all been plentifully used at different times and in different attenuations as I thought them indicated. But this case went steadily on from bad to worse, until after fifteen days illness. His state was profoundly typhoid, and the symptom of *involuntary evacuation* occurred.

I put him upon *Arnica* ten drops of the tincture in half a glass of water—a tablespoonful every hour. The improve-

ment was little less than miraculous. From the very door of death he was elevated in twenty-four hours into the cheerful hope of recovery. There was steady improvement henceforth, except a slight relapse with retention of urine. The catheter was used for two days, when all the functions resumed their natural course, and he made a happy recovery. In my 28 years of practice I have never seen as old a man recover from such a dangerous and apparently hopeless condition, and I attribute his cure to *Arnica*. My key-note to its selection was this: Stupor, not preceeded by the cerebral excitement of *Belladonna*, during which an involuntary discharge of fæces was constantly occuring.

REMARKABLE REFLEX ACTION.—I prescribed for about two years for a case which seemed to be neuralgia of the left ovary. It would be benefited for a brief period only, and returned with renewed intensity. Neither homœopathic specifics for the symptoms nor general tonics and constitutional remedies did any permanent good. Several months ago the lady had all the teeth and old roots extracted from the upper jaw to have a full plate inserted. From that very day the pain in the left hypogastrium disappeared and has never returned. The remoteness of this reflected irritation is remarkable. I can only explain it on the theory that the spinal centers which control uterine functions were in a morbid and excitable state, for the patient was not free from uterine disease. That state, however, was not sufficient of itself to produce ovarian neuralgia—but a super-added irritation from above, passing down the spinal column, produced the pain as soon as it struck the morbidly sensitive centers.

That morbid or excitable states of nerve-centers may be latent for a long time, or indefinitely, unless aroused or brought into activity by super-added irritation, I am fully satisfied. I had a case, lately, of violent neuralgia of the right ovary, accompanied by intense pain in the left foot. On minute inquiry I ascertained that the left foot had been severely injured several years before. The spinal centers supplying that foot with nerves were in a morbid and irritable state,

ready to be roused into acute pain by a reflex irritation from any neighboring center.

SUPPRESSED WHOOPING COUGH.—This child, seven months old, had been suffering with whooping cough for about a month. It was teething and it had considerable diarrhœa. The weather was intensely hot. I was called to see the child suddenly one day—and found it in a profound stupor. It had not nursed or been nursed for six or eight hours. The diarrhœa was checked, and it had not coughed or whooped or vomited for twelve hours at least. The head was very hot and the pupils closely contracted.

I prescribed for this condition *Cuprum Acet.* 3d and *Bryonia* 3d in alternation every half hour. In twenty-four hours the diarrhea had returned, the child coughed freely but had not whooped or vomited and it nursed a little. The pupils were still too much contracted, and it rolled the head a good deal. I thought *Hellebore.* was better indicated by all the symptoms than the *Bryonia*, so I alternated that remedy with the *Cuprum Acet.* every hour. The next day the brain was entirely relieved, and I left the child on *Cuprum* alone every four hours. A mustard foot bath was also used on the first day.

I have verified abundantly this season the curative power of the *Castana Vesca* or common chesnut over whooping cough. I order a drachm of the mother tincture (made from the leaves) to four ounces of simple syrup, and give a teaspoonful three times a day and once sometime about the middle of the night.

INVETERATE TETTERS.—This very annoying eruption is most frequently found between the toes and on the buttocks and the inside of the thighs. I have seen cases which have run on for years but slightly modified by any treatment. The old school saturates the patient with *Iodide* of *Potash* or *Arsenic:* but the disease almost invaribly returns. I give *Sulphur* 3d or 6th trituration for a fortnight, and followed by a steady course of *Graphites* 3d for several weeks. My first application is the *Sulphuret* of *Potassium* ten grs. to an ounce

of *Glycerine.* If that fails, or only partially succeeds, I have a dry compound powder rubbed in twice a day, composed of *Flowers* of *Sulphur*, pulverized *Borax, Lycopodium* powder, equal parts, thoroughly triturated together. This is an admirable application to all kinds of cutaneous affections marked by violent itching.

SYMPATHY BETWEEN CHILD AND MOTHER.—This is a most extraordinary case, and I can not characterize it by any title but the above. A nervous, delicate mother very much exhausted by lactation and mental troubles has become subject to very curious and violent hysterical spasms of the throat. The symptoms are compounded of dyspnœa and dysphagia. The baby who nurses her is a female, seven months old, imperfectly developed, and suffering with infantile gastro-enteritis, or summer complaint. For the last week the child has had paroxsyms of difficulty of swallowing, unconnected with any disease about the throat. The irritability of its nervous system is shown by the fact that it will weep if it hears any person's voice assume a harsh or reproachful tone. It seems as if the hysterical state of the mother had been in some measure imparted to the child through the mother's milk. I have prescribed *Valerianate* of *Zinc* for the mother and *Ignatia* for the child.

EPILEPSY.—This man, 35 years old, has had epilepsy for five years—no hereditary influence—cause unassignable—has had the paroxysm about every three months—hitherto only one fit; but the last time there were three attacks, one after another, at intervals of about ten hours. Before the convulsive attack occurs, he is gloomy and irritable, becomes sallow, has foul tongue, head-ache and sick stomach. These premonitory symptons warn him of its approach.

During the paroxysm, he falls backward, has great muscular rigidity, head drawn back, insensible pupils, frothing at the mouth and distended abdomen. After the fit, there is stertorous breathing and great prostration; on coming to himself he is gloomy and irritable for a good while.

From one paroxysm to another, he seems to enjoy good health, complaining of nothing but constipation and head-ache.

I prescribed one dose of *Bufo* 200th every morning before breakfast one of *Silicea* 6th every night. The *Bufo* is to be continued steadily from one fit to another. The *Silicea* to be omitted when the bowels became regular in their action. When the usual premonitory symptoms appear I would keep his bowels steadily open with *Podophyllum* and *Nux Vomica* and give *Indigo* 2d and *Cicuta Virosa* 30th in alternation every hour. After the paroxysm, continue the *Indigo* and *Cicuta* for twenty-four hours.

Indigo is an admirable remedy for convulsive or spasmodic diseases associated with great melancholly and depression. *Cicuta* is indicated by the drawing back of the head in the spasm. *Bufo* is altogether the best empirical remedy wherewith to begin the treatment of a case of epilepsy.

Theory and Practice.

Chronic Nasal Catarrh. By G. W. Martin, M.D., Maysville, Ky.

During the past few years, having given some special attention to the study and treatment of this disease, I feel that I can not let Dr. Holcombe's expressions, in the May number of the Medical Advance, with regard to chronic nasal catarrh, pass without saying a word for the encouragement of those who, like myself, have been trying not to turn away the afflicted with this loathsome and distressing disease with a stone, when they have asked us for bread.

Entertaining the high opinion of Dr. Holcombe that I do,

had I read his article ten years since, I would have continued to treat the afflicted with catarrh, as most physicians do, with palliatives, and have ceased to trouble myself about them. But the prevalence of the disease and the importance of the issue have constrained me to try to find some remedy, or seek out some course of treatment that would promise relief or cure of this disease.

I believe many cases of chronic nasal cartarrh are curable, and that but few (except in phthisical patients) are incurable.

Before undertaking a case, we should have a thorough understanding with our patients, explain to them the nature of the disease, and the necessity of persisting in the treatment, that they are not to consider themselves as cured, and cease to use the remedies, but to leave that matter entirely to the judgment of the physician. Having the promise of the hearty co-operation of your patient in his treatment, then go to work earnestly, beget his confidence by the manifestation of zeal in your efforts to afford him relief.

Never under any circumstances intentionally deceive your patients, but deal fairly with them in every respect. Give them all the encouragement that you can. Good cheer is a happy thing for both physician and patient.

A speedy cure of this disease is not often to be expected. Some cases require months or may be a year or more, and yet notwithstanding this I frequently promise my catarrh patients that they will be perceptibly benefited by the first prescription, and am not often disappointed. I have made failures, but have not often been satisfied with myself, or the conduct of my patient, when I have done so. I claim nothing novel in my treatment of this disease, using remedies with which all homœopathic physicians are familiar.

I do not think it necessary in this article to enter into the pathology or diagnosis of catarrh as the frequency with which it is presented to physicians enables us to recognize it at first sight.

I select three cases of different types with which to show my treatment of this disease.

I report them from memory, and as they occurred some

years ago, I cannot give them with the accuracy and minuteness that is desirable.

Case 1. F., aged 20 years, syphilitic. This was an obstinate case, and was under treatment nearly two years. I do not know how long it had existed before I was called to treat it. There was swelling and ulceration of the mucous membrane of both nostrils, which interfered very much with breathing through the nose, the eyes sometimes inflamed and sensitive to light, lachrymal ducts partially obstructed, the fauces and velum inflamed, rough and edematous, an oval hole through the hard palate, two or three lines in diameter, ringing in the ears, hearing but little effected, the nose sometimes swollen with an erysipelatous like inflammation. There was a corrosive ulcer on the left tibia, the bone of which was denuded in an oblong shape about one inch in the long diameter, from which several spiculæ of bone were removed. I considered this a very unfavorable case, and I confess I did not undertake it with any very great degree of enthusiasm. I can not state the medicines which I used in the early part of the treatment, but the last used remedies and to which I attribute the cure were, *Proto-Iod. of Mercury* 3d dec. trit., gr, 3, half an hour before meals; *Thuja* 30th, at bed time 2 gr.; *Kali Bichromicum* crude, dissolved in 6 oz. tepid water, used topically night and morning to nasal cavities and buco-pharyngeal surface. The ulcer on the leg was frequently cleaned with warm water, and dressed with view to protect it from the air and injury by contact.

It is five years since this case was discharged cured and there has been no return of the disease in any form. The ulcer on the leg improved with the other symptoms, and finally healed. The hole in roof of mouth closed over by the soft tissues.

Case 2. Miss H., aged 10, scrofulous diathesis, cervical glands much enlarged, but not painful, has had catarrh for two or three years, alternating, better and worse, as such cases usually do. Ulcers on alæ nasi and upper lips, offensive discharge from the nostrils, occasionally blows out lumps of bloody hardened pus from the nose, has but little appetite, pale, emaciated. Treatment *Sulph.* 3d and *Arsen.* 3rd dil., alternately,

two doses of each per day. *Kali Perman.* gr. 1-10, dissolved in 6 oz. of tepid water, with which clean nostrils and throat at bed time by inflation and gargling; 1-4 oz. *Chloride of Sodium*, 6 oz. tepid water used in the morning in same manner as *Kali Perman.* There were no important changes in the treatment which continued about two months, when the patient was discharged. Two years have elapsed. This young lady was brought to my office since I commenced writing this article to be treated for chorea. Upon inquiry I am informed that there has been no return of the catarrhal symptoms.

Case 3. Mrs M., aged 42 years. Without any particular diathesis has had catarrh for some months. She has received allopathic treatment without benefit, and her physicians before abandoning her, advised her to have her teeth extracted, believing that they were the cause of her "bad breath" and to wait and see if her disease would not wear off. Her teeth were all taken out, she got no better, but worse. Feb. 15th, 1873, I was called to see her. Says she has lost all concern about her family and household affairs, is forgetful, can not remember where she has left any article which she may have been using, can not think, when she attempts to do so, her mind becomes so confused that she fears she will go crazy, can not keep quiet, changes from one seat to another, crosses the room and immediately returns, apparently without any object in view, fears she will die, does not sleep more than an hour during the night, has no relish for food, eats but little, and that only to gratify her friends; almost continuous effort to clear the throat of a tough, whitish colored mucus which drops down from the posterior nares frequently; blows lumps of bloody matter from her nostrils; her nose slightly swollen, red and sensitive to the touch, can scarcely breath through one nostril; has a burning pain in her forehead, nose and face; her sight fails rapidly; pharynx smooth, red and dry; fever comes every two o'clock p. m., and lasts two or three hours; nearly two months intervals between menstrual periods.

I did not feel prepared to prescribe for this array of symptoms without consulting the materia medica, but had to do something for her relief before I left. I gave her the follow-

ing; *Arsen.* 3d and *Hyosciamus* 3d, alternating every two hours. *Kali Pcr.* 1-10, tepid water 6 oz., wash out her nostrils and gargle the throat, night and morning. I called three days after and found my patient so much improved that I continued the former prescription, and did not change it (except to lengthen the intervals between the doses) and she was discharged cured on the 17th day of April and has remained so during the two years which have intervened. At the time this case came under treatment I thought her mental disturbance might be climacteric. I had never before met with a similar condition of the mind attending catarrh. Nor do I remember having read in any of our works on this disease of it being the the cause of mental aberration. I have had two catarrh patients both males, one aged 10 and the other 40 years, with mental symptoms similar to Mrs. M. Their memories suffer most. The former was taken from school, because he had ceased to learn, by his catarrh being cured, his mind was fully restored. The latter is still under treatment.

Case of William Carruth, Esq., of Vineland. Remarkable Injury and Recovery.

Editor Medical Advance.—I attach to a brief introduction the details of the treatment of William Carruth, who was shot by Charles K. Landis in March last.

Its history certainly proves a most signal victory for Homœopathy and shows conclusively what efficacy the "mild power" possesses in the treatment of all diseases without relation to their simplicity or severity. The amusing incident of the case, is the fact that the lawyers for the defense, had intended to base their entire argument upon the fact of improper and insufficient treatment, rather than the result of the shooting. It being supposed as a matter of course that death was inevitable.

The account of the case which I clip from the New York *Herald*, is sufficient in detail and interest and needs no other comment, than that its perusal will well repay investigation.

GEO. C. JEFFERY, M. D., Brooklyn, N. Y.

"Mr. Carruth, the editor of the Vineland *Independent*, who was shot by Charles K. Landis, the philanthropist, in March last, has now almost recovered from his wound. The recovery of Carruth is regarded as a marvel in the history of surgery, and has occasioned much wondering comment among medical men. The size of the bullet, its direction after entering the brain and the depth of penetration were all circumstances which seemed to point to his death as being a certainty in a very short time, if not immediately. No one until lately ventured to predict his recovery, and the chances of the patient were considered still more precarious, in the opinion of the great majority of physicians, by the fact that he was under the care of homœopathic men of medicine. His recovery, remarkable as it is, is therefore regarded as a very important one for the interests of the followers of Hahnemann, and much interest is manifested in the history of the case. One of the professors in the Hahnemann Medical College, upon whom I called for an opinion of the case of Carruth said this morning:—"I believe that the depth of penetration of the ball in this case exceeds that of any other on record in which recovery took place."

Dr. J. C. Morgan, of this city, who was the surgeon having the case of Carruth in charge, favors the Herald with the history of this remarkable case:—

It seems necessary to state the facts of the case in order to dispossess the public of inaccurate impressions afloat. It will be remembered that on March 19 Landis fired the bullet, which entered the posterior of the head, about the horizontal line and a little to the right, ranging forward and lodging evidently somewhere near the right eye, producing instant unconsciousness and causing Carruth to fall heavily to the floor. The eyes of the wounded man were ecchymosed, especially the right one, and for some time it was a matter of doubt whether the fall on the floor was not largely the cause. But the extent and persistence of this ecchymosis around the right eye was such,

together with the direction of the bullet, it was concluded it must be due to a fracture of a portion of the base of the skull. A physician in the neighborhood had removed a loose piece of bone before Dr. E. R. Tuller, a homœopathic physician, was called by the family of Carruth and took charge of the case. By the desire of Landis, Dr. Gross, Jr., the allopathic surgeon also appeared on the following day. He, too, removed a piece of loose bone, but found the bullet inaccessible. The patient had by this time recovered consciousness, under homœopathic medication, and desired to be treated exclusively by the homœopathic system, upon which I was summoned by telegraph on the second day after the wounding. I arrived on the afternoon of the following day, probed the wound carefully and found the ball deeply embedded in the brain, which had closed over its track. Recognizing the fact that further exploration would certainly be unjustifiable I made no further effort in that direction, the symptoms being excellent under his homœopathic treatment. I then dressed the wound with reference to the prevention of any untoward event, taking advantage of its position to secure drainage of the inevitable suppuration. Consulting with his family physician, Dr. Tuller, we agreed upon the course of medication to be followed. The case progressed in as favorable a manner as we could have expected, but sometimes we were very much alarmed and despaired of saving him. The wound discharged freely as the healing process went on, but it was soon manifested that his vision became imperfect on the left side, with either or both eyes. His pulse ranged at first from 52 to 58, and as convalesence came on it rose to 72. After we had been in consultation for some days my colleague of the Hahnemann Medical College, Professor A. R. Thomas, was called to join the consultation on a single occasion, on which he concurred in our management of the case. The improvement increased in rapidity as the cicatrization of the wound went on; but it was only after a lapse of seven weeks that he was allowed to sit up, in order that the perfect drainage for the wound might not be interfered with, a matter absolutely vital to him. After that time he was gradually allowed more liberty, and at the end of the second month he

was got into a chair, and a week later could walk with assistance. The wound still continues to discharge a very small amount of lymph, pus having ceased to be formed. Imperfect vision of the left side objects, still continues to some extent; but another more remarkable feature has been developed since he has been sitting up. He has telescopic visions—that is to say, he can perceive distant objects, which other eyes could scarcely discern, with wonderful clearness of vision, and he can not judge of distances, often imagining that buildings a long way off are quite near by. The left side obscurity of vision is another remarkable feature of the case, especially in view of the researches of various surgeons and physiologists in the same field. It is their conclusion that the optic nerve of either side is largely concerned with the supply of visual power to the same side of both eyeballs, there being an optic nerve arising from each side of the brain. Further information on this subject may be found in the "Medical and Surgical History of the Rebellion, part 1; surgical volume, page 207." In this case the injury is evidently to the right nerve. Now, the conclusion of physiologists is that the left side of objects is seen by the right side of either eyeball, the lines of vision crossing the axis of the eye on the way to the retina. The observations made in the case of Carruth tend to confirm these two conclusions of science, and therefore add greatly to the interest of the case."

Uterine Displacements.—How to replace the Organ. By O. B. Moss, M. D., Zanesville, Ohio.

Prominent among the cases that arise in the practical experiences of the general practitioner of medicine, causing more perplexity, perhaps, than all others, by their varied, and at times incurable phases, stand uterine displacements; and although specialists and general writers are constantly

placing before the profession the best results of their practice, and best thoughts as well, in regard to this subject, still it may not be necessary that I introduce my testimony with an apology.

I will pause however to remark, that I shall aim to be brief on those points which have been from time to time the subjects of elaborate discussion, but more specific in the elucidation of what, according to my observation, has not been so prominently taught.

The general diagnosis of displacements of the uterus is not difficult from the subjective symptoms alone, while the specific form of displacement in any given case can not be positively known without objective investigation.

When women are suffering from uterine derangements of the form under discussion, or otherwise, it will be observed that they do not generally apply to a physician for assistance until the expression of their disease is a complication of painful troubles, known as "reflex" on "sympathetic;" as, for example, where there is functional derangement of the heart or stomach, due to the sympathy of the nerve centers that guard these organs, with the nerve center of the organ primarily diseased.

But perhaps the most common of all the the reflex symptoms that attend upon the various uterine and ovarian disorders, is cephalalgia—while this is certainly the most difficult to control.

Following, now, as a natural sequence of sympathetic irritation of organs distant in the body from the original disease; and owing in part, also, to the fact that grave displacements of the uterus may exist in the absence of any marked pelvic symptoms, our patients usually come to us complaining only of these reflex symptoms. But the observing physician who has had some experience in the treatment of this class of diseases, is led to a careful investigation of each case, employing such means as are necessary to elicit a complete account of its origin and progress. However, many cases are met with, in which the pelvic symptoms are among the most prominent, and thus all difficultly of arriving at a speedy and correct diagnosis is removed.

Among the most prominent subjective symptoms that indicate displacement of the uterus are: Great weakness across the lumbar or sacral regions of the spine; irritation of the bladder with frequent desire to urinate, which is attended with burning in the urethra; sensation of weight or bearing down in the pelvis, or drawing downward from the region of the ovaries, discomfort referred to the rectum, high up, as from the pressure of a foreign body, irritating and producing a desire for stool; evacuation of the bowels accompanied by a feeling as if the fæces would bring everything down with them, and followed by aching, numbness or bearing down in the pelvis.

But, although many of these symptoms may exist in any given case, with others of minor diagnostic importance that I shall omit in this paper, yet further investigation, as before intimated, will be necessary, that of a digital examination per vaginum—before a complete or satisfactory diagnosis can be made.

Each physician, then, must decide for himself what subjective symptoms indicate the necessity for a tactile examination, and since my main object is to treat specifically upon the replacement of the displaced organ, I shall not stop to discuss the exact nature of the case that may require mechanical treatment. Suffice it to say, however, that where the ligaments and other natural supports have become so much relaxed as to admit of any considerable permanent removal of the uterus from its natural position in the pelvis, other means beside medicine are likely to be required in effecting a cure.

Now, with the case in hand, without the aid of the uterine sound so much in use by many physicians, I proceed with the replacement upon purely mechanical principles.

We will now suppose we have a case of retroversion upon which we are to operate. With the patient lying on her back and limbs well flexed upon the abdomen, we introduce two fingers of the right hand, if that be practicable, placing the left hand upon the abdomen next the skin, so that nothing shall interfere with our manipulations. Now, by the position of

the mouth of the uterus pointing anteriorly, and absence of the body overlying the bladder, poised, tumor-like, *in situ;* and further, by tracing with one finger along the posterior surface of the organ to the fundus and finding it occupying a horizontal positon in the pelvis, with fundus pointing posteriorly, resting beneath the sacral promontory and pressing against the rectum, we readily recognize the physical characteristics of of our case.

Our physical explorations carried thus far, with the index finger resting against the anterior surface of the cervix uteri, and the other finger against the posterior surface, we have formed a lever on the principle of the tongs with which we can raise several pounds, and will often succeed without difficulty in raising the uterus to its proper position. But failing, we may have the patient turn upon the right side, facing us, which will remove the weight of the intestines to a considerable degree from the pelvic organs, at the same time we retain our position. Now we attempt again what we just failed to accomplish; but still finding the task difficult, owing to the impaction which the organ has sustained during the months or years of its displacement, we will find very material aid by seeking the sacral promontory with the left hand and pressing deeply into the abdomen so that the fingers will glide along the anterior surface of the sacrum to the fundus of the displaced organ.

It will be observed that we approach the fundus with two forces, the lines of approach forming a right angle. The force applied inferiorly when met by that superiorly presses the uterus forward, away from the sacrum, while the force from beneath readily returns the organ to its normal position in the pelvis.

But again, if we should not succeed in this last position, it will be well to have the patient turn upon the left side, with back to us, while another effort is made. And beside the manipulations over the abdomen, it will often be of great assistance to have the patient incline the body a little from the side on which she lies toward the face, while, with the left hand under the hip we elevate the body, so the force of

gravity will carry the intestines away from the uterus, and thus very largely remove the impediment to an easy return of the organ.

The same principle holds good in other displacements, only of course the force should be applied according to the indications in each individual case, and among the great variety that exist, cases will seldom be found in which the practical results of this process will not most fully commend our theory. However, where inflammatory conditions have occurred and resulted in adhesion of the external uterine covering of the rectum, we will have a complication that will interfere with the success of our operation, in proportion to its extent and solidity. But the same complication would also interfere with the success of an effort to replace the uterus with the sound, while the injury of mucous membrane would necessarily correspond with the increased quantity of force such a condition would require.

I regard the use of the sound exceedingly objectionable in the fact, that it irritates the mucous membrane of the uterus, and in many instances where mucous surface is already affected with congestive or inflammatory processes, it must retard the recovery of the patient. Indeed, my observance has been, not alone among my own patients, but others, that where the most careful use was made of this instrument every week, the improvement that would occur from any given treatment, would be all, or nearly all cancelled, by the next.

Cases may arise, however, in which I shall feel compelled to employ the sound; but that its perversion more than counter balances all the good that even results from its discriminate use, I am fully convinced.

We can not be too careful in forming our opinions as to how small a quantity of medicine is best to use in the cure of disease, or how large a dose it may do to give and not kill the patient. Medicine has killed, and it was not a mark of great skill or good character for the physician who gave it. All schools of medicine at the present tim are giving less and less medicine in grosser forms. They now instruct and

change the condition of their patients socially, morally and physically, and often advise them to change climate as far more certain to cure than medicine. The existing causes of disease must be removed or a cure will not readily follow the use of medicine. Knowledge of natural law is the basis of the most scientific medical treatment of the sick—the knowledge gained by daily observation and experience. Young physicians are very apt to think they are in possession of all necessary skill and knowledge, especially those who have just spread their diplomas open to the gaze of the world. Twenty years' practice will change their minds and teach them that medical progress has not found its final status. Our whole journey through this state of being teaches us how very little we really learn concerning the abstract and invisible forces of life and nature.—*Dr. T. L. Brown.*

Doubt, Its Province in Medicine. By A. McNeil, New Albany, Indiana.

"Prove all things and hold fast that which is good." My stock of Latin phrases being too limited to get one which is applicable, I choose a motto from Scripture. I presume, Mr. Editor, that in your article in the June Advance with the motto, "*In Dubiis Libertas*," that you refer to me, for I remember writing something like the passage you quote. You ask for a standard in reference to the use of doubting. The text I have quoted is a good one. Doubt is useful, yea, indispensable in its proper place. But because I doubt a witch story, must I suspect the inspired word; because I doubt Baron Munchausen, must I reject Washington; because I doubt that a case of menstrual colic which disappeared for a month after the use of medicines which stood in no relatian to the case, was cured,

must I disbelieve that a medicine which was a perfect similimum to the case in hand cured, if immediately after its administration an improvement set in which went on rapidly to a permanent recovery; even according to the best authorities the case if left to nature would be entirely different? By a critical examination of cases which recover, we are able in most of cases to decide whether it should be ascribed to art or to nature. Grauvogl gives a rule which is applicable in many cases, that is the critical days. He says, "In the spontaneous course of an acute disease, the critical movements never fail, and thereby give a very powerful differential diagnosis between a successful and an unsuccessful treatment." In some of the cures which I said, "that I saw at a glance were not cures, but only recoveries," this rule was applicable. Here is proof that they were not cures. But in other cases in which critical days take no part, there is proof that they are cures. I will give a case of my own from memory, of course the report will be imperfect. Mrs. S., aged 70, had recently lost a daughter for whom she grieved incessantly; I was called in to see her after two days' illness. It was a clear case of typhoid fever, I gave a doubtful prognosis, on account of the symptoms of her case which were a torpid state of mind and body. I gave *Carbo Veg.* 200th. The family wanting consultation, called in a former family physician who had removed to a distance. He came next day confirmed my diagnosis and gave a more gloomy prognosis than mine, although she appeared a little brighter than the day before. He did not advise any change of the remedy. Next, day she was a little better. The succeeding day found her very much worse. I learned that she had been very much excited by a family difficulty which was followed immediately by a relapse. I gave a more gloomy prognosis than at first, gave the *Carbo Veg.* again in the same potency, I had discontinued as soon as improvement set in. She, to my surprise, began to improve again, which continued so that in a week from the day I was called I made my last visit. She made a good though of course a slim recovery.

We need to know the entire history of any given disease

when left to itself, entirely uninfluenced by any medical treatment good or bad. Thanks to the expectants we can learn the course of all the leading diseases when left to nature. We know that critical days prevail and that typhoid fever never recovers except on the 7th, 14th or 21st days, much more frequently the latter. Now apply this to all the cases we treat or the reports of which we read. In this way we will learn what our medicines will do. One evil of incalculable importance arising from this scepticism, is that it destroys all desire to learn the action of our remedies. For who would be foolish enough to acquire imformation which was useless? Allow me to say in conclusion that almost invariably Homœopaths who are skilled in their materia medica are entirely free from scepticism.

Indiana Institute of Homœopathy. Pen Pictures of Men and Things.

Dear Mr. Editor: There are some things that can be better said in a face-to-face conversation, than in a formal, precise paper; especially is this true when you have not very much to say.

I have therefore assumed the attitude that I may talk of homœopathic matters in Indiana. It is but a few years since Homœopathy in this state had voice sufficient to produce an echo audible to our neighbors. While it had grown to maturity in Ohio, Michigan and Illinois, it had here scarcely been planted. The reasons for such neglect of this field are topics for speculation; but true it is that no northern state has been so much lost sight of by those in search of locations. The vision of the emigrant is, however, rapidly improving; and the "Hoosier" part of the profession is being augmented thereby. But the demand is more than the supply, and many

more could be richly accommodated. I was told by one of the leading physicians in our capital a short time ago that fully one-half of the county-seats of Indiana were in need of a homœopathic physician. It might be well to bear this in mind. During April, I received a circular letter from the Secretary of the Indiana Institute informing me of the meeting to be held on the 4th and 5th of May in Indianapolis, and laying down in pretty decided terms what was incumbent on the profession in the state if they would escape allopathic thraldom and what in the emergency every physician of our school should do, *to do his duty.*

As I had never paid much attention to medical societies, and especially as I had never done anything to build up the Indiana Institute, I at once determined to drop practice and attend the meeting and henceforth identify myself with the general growth and maintenance of our cause. I resolved to be a *detestable laggard* no longer, and that, when the cry for "help" sounded along the line I would not be found wanting.

I went; found a goodly number in attendance, but on the whole was disappointed in the number present. The state has in the neighborhood of two hundred practitioners; but here were only about *thirty*, and I was told the roll of membership numbered but fifty active men.

I then realized what indolence—aye, worse, *criminal indolence* (for it is that)—could do in keeping truth and advancement down. If there ever was a time when our men should awake to *organization* and *unity* of *action* it is *now*, when the old school is waging us such universal war and the battle is growing fiercer. I was still more alarmed when I learned from the report of the legislative committee what a narrow escape we had last winter in the legislature. The "State Health Bill" was defeated only by the single handed, persistent effort of three men. This valiant committee said: "Before this battle is fought again at the next session, we *must* have the re-enforcement of every Homœopath in the state or it will surely become a law." The Allopaths are desperate over the defeat and vow that it shall not fail next time. It remains

with each individual doctor to say whether this manacle shall be forged and adjusted while we have the power to resist.

The meeting itself was full of interest. Some of the papers read were evidently studiously prepared. A paper by Dr. P. B. Hoyt on "The Value of Differentiation in the Choice of the Remedy," contained some good points. The minor symptoms of a case, as well as the more prominent, should be estimated and jointly considered in getting the parallel remedy.

The President, Dr. W. R. Elder, gave us a case of Placenta Prævia which had seriously troubled several of the Terre Haute M. D's., including himself. Their fault consisted, as he forcibly pointed out, in neglecting to rupture the placenta and membranes as soon as they were assured in their diagnosis and the hemorrhage became excessive.

A paper from Dr. F. L. Davis caused considerable comment. He endeavored to *magnify* infusoria and bacteria in particular as to the important part they play in the spread of contagious diseases. "They do not have the power," he said, "primarily, to excite disease; but are able to absorb or fix the morbific force and give it up to any inviting tissue with which they may come in contact." Boiled down the best speech on the subject amounted to this: Philosophers are divided regarding the offices of bacteria, while some accept the view presented in the paper, others claim that the disease is in the bacteria, and that they are in and of themselves the cause of the disease. Don't believe the question is or ever will be settled. Disease is deranged force therefore of dynamic origin. This derangement is necessary and preparatory for the lodgement and nidus of bacteria, which may give further character to the malady. Correct dynamic cause and effect ceases.

"Schussler's remedies," which have waited long and patiently for unqualified endorsement, then got a "lift." Dr. Balfour had a case of "Ulcerative Absorbtion of Bone, resulting in Spontanous Fracture. A female femur, age 59, necrosed voluntarily and gave up its continuity. Many pieces of diseased, bone were extracted, the leg put into shape and a gutta-percha splint and water dressings applied and *Kali. Phos.* 6th, *Silicea* 6th, and *Magnes. Phos.* 30th, (Schussler's) em-

ployed for several months, finale, entire restoration with only slight shortening of the limb. All of which seemed to be received with impaired credulity; but here's a "score one" for Schussler.

The second day was the "big day." The doctors had grown more familiar, and the lingual organs were much more readily started.

The first two hours were spent in a "love-feast" or experience meeting, which they told me was a standing exercise in this Institute. The members brought forward their knotty cases for advice, or their brilliant cures for the instruction of the less informed audience who would not have known how to do it as well. This "bureau" being finally closed, Dr. O. S. Runnels dropped his recording pencil and risked his reputation in reading about an anomalous case of cancer of the of the uterus which occurred in his practice. 1st, the woman contracted the disease by *inoculation;* 2d, during the later months, she repeatedly suspended urination, twice for the space of six days and once for *sixteen days;* no distension of bladder or discharge of any kind from vagina; no symptoms of uræmia. Autopsy showed bladder and kidneys normal, and the microscope, the cancer cell. At this a hypercritical brother from a neighboring state, sometimes known as the "doubting Thomas," and always in the Advance, was on his feet and said, "I can't believe the story. It is contrary to physiology and akin to those stories told of people living thirty or forty days without food. *Sixteen days* is a long time to *wait.* I would require more indisputable evidence" (i. e. finger in the nail prints, perhaps) "before accepting it."

Dr. W. L. Breyfogle read a paper on "Our Ears and How to Use Them" which was brimful of practical knowledge. It was intended, evidently, more for the general, than the special ears of the profession. The use of ear-spoons and other like instruments for the cleaning out of the ear should be deprecated and abandoned. Aural cleanliness, however, can not be objected to. Otology should receive a larger attention from the profession at large.

Just prior to dinner the following officers were elected for the ensuing year: President, W. Eggert, M. D.; Vice Presidents, J. A. Compton, M. D., and S. Maguire, M. D.; Secretary, O. S. Runnels, M. D.; Treasurer, J. R. Haynes, M. D.; Censors, Drs. Corliss, Hunt, Elder, McNeil and Bahrenburg.

Again assembled, the President proceeded with the delivery of the annual address: Subject, "The necessity for a more general and correct education of the people." The address was very well received and ordered to be placed at the disposal of the local press.

Dr. M. T. Runnels then read a lengthy and well written essay on the "Bile;" but as bile flows most actively soon after dinner there was little market for *his* bile, and after a reaction or two it was allowed to rest.

Dr. A. McNeil held up the "Psoric Theory" in a very engaging light; but it was a subject that the members did not seem to be familiar with and the Institute gave itself up to a hearty consideration of Intermittent Fever.

Dr. McNeil used to be greatly troubled in curing "chills," as it is called. Thinks his ill success was because of poor individualization. If he did not cure the "first time" he used to give *Quinine.* Latterly, has been curing with potencies ranging from the 30th to 200th and *Quinine* has been abandoned. Sometimes after "fooling around" on the 30th, has found prompt relief from 200th; thinks he has as bad cases in vicinity of New Albany as can be found anywhere.

Dr. Breyfogle was more and more in favor of higher potencies. Believed much in the selection of the remedy in its *time of day.* Chill coming at ten a. m., *Natr. Mur.;* one to two, p. m., *Apis;* three to four, p. m. *Lyco.;* sunset, *Puls.,* etc. Related a case of "masked intermittent;" woman had periodical pain in the chest which was very severe and intractable. Its expression was that of asthma. After various remedies had failed she responded readily to *Ipecac,* 1st trit.

Dr. Compton was prompted by his experience to ask Dr. B. if he not find that all cases of masked intermittents were those that had been quinine-takers either recently or remotely.

Dr. Breyfogle: "Yes, universally; and I always find chills more common in allopathic or quinine subjects; and all my "hard cases" are or have been quinine-takers."

Dr. M. T. Runnels had had happy results from high potencies; but did not always succeed with them, and sometimes resorted to lower potencies.

Dr. Eggert used to give quinine pills but had stopped it. Seldom gave anything below the 200th in this treatment.

Dr. O. S. Runnels spoke against routine practice in chills. Had many times found a high potency the sheet anchor. Should not, however, consider a low potency prescription *unhomœopathic*, if it were *lawful*.

Dr. Maguire had but little trouble in controlling this trouble, but was not confined to any "set" of potencies.

The report of the committee on legislation detailed at length the obstacles encountered and overcome by the committee in opposing allopathic measures at the recent legislature. A loud appeal was made to the profession through the state to lend individual aid in the further resistance to the aggression. Owing however to a bit of faulty phraseology the report was returned to the chairman of the committee for repairs, and the committee continued. The chair appointed Drs. W. L. Breyfogle, O. S. Runnels and W. Eggert delegates to the American Institute. To meet again in Indianapolis on the 2d Tuesday in May, 1876. Fraternally yours, HOOSIER.

Materia Medica.

Calcarea Carbonica. By Wm. Owens, M. D.

"So called disease is not a thing, but modified function." "A condition that originates not in the ultimate cell, but in the protoplasm from which this cell was developed." In our

studies of "drug action" we will endeavor to indicate some of the conditions by which the process of restoration of this disturbed function is brought about. This restoration must of necessity begin at the same point that we have indicated as the origin of the morbid process. Normally, the protoplasm from which these beginnings of life were evolved possesses all of the possibilities of that future life, be they functional or organic. If the protoplasm is defective not only the primitive cell formed from it, but all future cells will inherit that imperfection, unless corrected by the favorable impression of some benign influence upon the material from which that substance is formed. The most suitable time for that impression is at the period of its greatest plasticity acting upon it in its earliest molecular state, as molecules rather than as a mass. Whether this change affected, be a catalytic, dynamic or chemico-vital process is yet a mooted question.

No drug serves our purpose for illustrating this proposition so well as *Calcarea Carb.* which seems to exert its most potent energy upon the material from which the living organism is developed at the period of its metamorphosis from crude inert matter, in a state of solution, into living, moving, organic, lymph, blood, nerve, muscle and bone; and these again into intellectual power of the most subtle and sublime, mental and spiritual essence. It is in the sphere of secondary digestion and assimilation, according to our pathogenesis as well as clinical observation, that this drug has shown its most satisfactory results. Results secured not by its mere physicial relations to the organism, but by a dynamic influence over the process of assimilation contributing to the organs employed, tone and increased activity, correcting conditions which tend to formation of constitutional dyscrasia.

This drug is known as one of the polychrests, and for restoring health to enfeebled constitutions, the result of long continued scrofulous, cachectic or tuberculous ailments has but few rivals if any, and for such conditions must ever remain a principal remedy. It is scarcely known to the allopathic physicians at all, except as an astringent and anti-acid.

In studying *Calcarea* for homœopathic purposes we find it

like many other drugs proven by the earlier homœopathic physicans without definite indications by which we can distinguish primary from secondary symptoms or toxical from physiological or dynamic effects. In this particular in the absence of any rule to guide us we are left to conjecture and individual experience which is as varied and empirical as the most devoted Allopath could desire. Its pathogenesis, however, is all that we could desire in its amplitude and in its many well marked characteristics, and is a monument of faithful conscientious labor.

A few things are left us as general guides for the exhibition of the drug. It seems to be specially adapted to diseases of the white tissues of the body. Such as the mucus and serous membranes which line canals or cavities or envelope viscera, all fibrous structures of white or non-striated variety, and the osseous and cutaneous structures with their appendages. These bing especially supplied by the nerves of organic vegetative life, *Calcarea* controls and regulates in a special manner the superabundant developement and proliferation of tissue, in its general as well as local manifestation. Hence its adaptation to young children, young and plethoric females and lymphatic persons who are inclined to grow fat; and has a special and local relation to the enlargement of the lymphatic and mesenteric glands, to the formation of polypi, warts and all morbid growths upon the surface of the body or upon the mucus membranes. Clinical experience claims for it more cures of this class of disease than any or all other drugs. These conditions are induced by this drug acting as an irritant, increasing functional activity through its relation to the nerves of the part. As long as this irritation is limited to the normal degree, healthy function only is performed, but when it becomes excessive hyperæmia and congestion ensue, cell life becomes more active and as a result increase or proliferation of tissues takes place.

By consulting our pathogenesis it will be seen that this drug is also capable of inducing a chronic form of dyspepsia of a most intractable character and is attended with general atrophy. This condition is witnessed nearly every day in those who have been in the habit of partaking freely of lime water and milk or chalk and milk for sour stomach and acid condi-

tions of the alimentary canal until the delicate villi upon these surfaces are destroyed, abrading and destroying the mucous follicles, epithelium and peptic glands and arresting the secretion of the gastric and intestinal juices. This destruction not infrequently extends as far the basement membrane, giving rise to ulcers or chronic and incurable inflammation. Through their sympathetic relations, being transmitted to the cerebro-spinal system of nerves, we have those obstinate nervous headaches after any unusual nervous or vascular excitement. *Calcarea* irritates the solar plexus and, through the fillaments distributed to the intestinal mucous membrane, stimulates to increased activity the lacteals, increases cellular activity, increases absorption and assimilation of the material in solution found in contact with their surfaces, thereby improving the quality and increasing the quantity of the blood.

The following are some of the more marked clinical results obtained from the use of *Cal. Carb.:* The removal of chronic forms of disease chiefly upon the tissues and organs pertaining to the organic life, it induces and cures coryza and catarrhal affections of the mucus membranes, diseases of the skin and its appendages, hypertrophy and atrophy of nerve tissue and the venous walls, and more especially does it promote that reproduction and deposit of bone tissue in scrofulous and rickety constitutions. This circumstance would lead us to infer that the cure is affected by the mere physicial supply of calcareous material to the bone, but as this result follows the use of the high and even the highest potencies as certainly as the middle or lower ones there can be no reasonable probability that such is the case. Through its irritating influence upon the nerves that supply the ovaries and uterus it reduces hyperæmia of these organs and premature menstrual flux, it coming on from five to seven days too soon, and usually being excessive. This disturbance of the sexual system is through the spinal system of nerves reflected upon the sensorium, perverting the senses producing extensive moral disturbances, hysterical and fancied diseases.

It promptly removes those conditions which attend nervous and muscular exhaustion, sexual excesses, brain fag, etc.

The skin and mucous membrane are largely supplied with the organic or ganglionic nerves; they are also largely supplied with capillaries and nerves of motion and sensation, the latter seem to be in a great measure subordinate to the former; these preside over the functions of life, waste and supply, disintegration and reproduction of tissue.

The pathogenesis of *Cal. Carb.* shows that the skin exhibits a great tendency to take on morbid conditions hypertrophy, hyperæmia, hyperæsthesia and anæsthesia of a portion or of the entire skin. These deranged functions are the result of impaired nutrition. From the same cause we have great irritation and itching of the most violent character, with burning prickling and roughness of the skin with nettle rash, scurfy spots and vesicles of every size from the finest eczema to the large pemphigus; the skin ulcerates from the slightest wound.

Should we attempt to trace these phenomena, it will be found that the heat and itching correspond to the superficial nervous plexus immediately beneath the surface; but when the pain is more of a burning, tingling and prickling character the vertical nerve fibrils are involved. When the deeper portions of of the corium are engaged, the pain is darting, shooting and lancinating, aching and pressing pains indicate that the nerve trunks are implicated.

When the irritation takes place at the nerve centers it is transmitted to the periphery, disturbing nutrition and, hence follows a disturbing of the capillary circulation by paralyzing their nerves and producing relaxation of their walls, admitting of exudation and infiltrations within the cuticle which may result in thickening, formation of vesicle eczema, herpes, desquamations chaps, rhagades and the various modified functions of the skin and mucous membrane.

General Clinics.

TERTIARY SYPHILIS.—Mr. E. M., age 28, consulted me in Dec., 1873; stated he had contracted syphilis six years ago; was treated by an Allopath, discharged cured at the end of six weeks. Eight months afterwards was attacked with a sore throat, soon followed by severe pains in bones of legs; was again treated by mercurialization appeared to get well in three months, but has had returns of bone pains at intervals of six and ten months ever since for which he received the same treatment as before. He now complains, of rending, tearing pains in bones of lower extremities extending to hip joint, can not rest day or night, must be in constant motion to get any relief, has profuse night sweats, loss of appetite, emaciated with great loss of strength. Having been mercurialized in former treatment, I perscribed *Kali. Hydriod*, 1st trit. four doses per day; pains subsided in ten days; continued the remedy three months, health good up to this time, May, 1875. I do not report this case as a novel one, but hoping it may call for an article of criticism from some one of large experienee in that class of diseases. J. B. MCSWANE, M. D., Olney, Ill.

COMPLEX LABOR.—At four o'clock, p. m., on the second of June, I was called in great haste, in consultation with an old school friend. Arrived at 5:30 and found the patient in extremis, almost pulseless, extremities cold, cold perspiration on forehead, and nearly exsanguineous with complete inertia of uterus.

History: Irish, housekeeper, in comfortable circumstances, mother of several living children, and has had four still-births. On the Friday previous, (May 28th)she suffered from a severe hemorrhage, and again Sunday, which had been controlled mainly by cold applications. My friend had been called the evening before on account of another of these floodings which was attended with some pain. The flow was, in a measure, controlled, when at 1 o'clock p. m., the waters broke,

and on examination, the os was found to fully dilated with the edge of the placenta, a hand and loop of the cord presenting. He immediately asked for counsel, and stating the case and its extreme danger to the family, they first sent for the priest, then for the doctor.

On my arrival and examination, I found the condition as above stated, except that the right shoulder was occupying the superior-strait; and she had been kept alive for the last three hours by *Ammoniacal* preparations and cold applications. We agreed as to the course to be taken, immediate delivery; and my friend did not object to my giving a dose of *Caul. Thal.*, followed soon by *Verat. Alb.* *Quinine* and whisky were substituted for *Ammonia.*

I then took away the placenta which was almost entirely detached, and brought down the right foot. Further progress now seemed impossible, for with forcible traction upon the leg nothing was gained; owing, in my judgment at the time,—and I have not changed my mind,—to the inaction of the womb, and consequently the non-moulding of the fœtus. Deeming delay dangerous, I hastened to bring down the other foot, when, with some traction and exercise of the hand over the abdomen of the mother, the child came rapidly and easily away; the whole operation requiring not to exceed ten minutes. Medicine: Cold applications, friction and stimulants failed utterly to be of use, and she died in twenty minutes after delivery. Of course it is unnecessary to state the child was dead.

I do not report this case on account of any wonderful medical or obstetrical achievement, but rather because of the rare occurence of such, and to invite criticism as to the course taken, for therein is knowledge gained.

Questions have arisen in my mind since, whether or not it would not have been better to have made more of an effort to arouse the action of the womb. But she had been thoroughly *Ergotized.* May be galvanism would have saved her.

About a year ago I was called to see a woman who had been in labor for thirty-six hours. Arrived, found pains regular and active. Examination: Hand and part of forearm in

the world, arm and shoulder occupying the cavity. On inquiry, learned that the old midwife, during the pains had been engaged in tugging and pulling away at that hand, as though her dear old life depended on its extraction. Turned and delivered; child was dead, but mother made a good and speedy recovery under *Aconite* and *Ars.* The great fault I find with this case, I didn't charge enough. S. MILLS FOWLER, M. D.,
La Motte, Iowa.

ULCERATIVE ABSORPTION OF BONE, RESULTING IN SPONTANEOUS FRACTURE.—Mrs. F. a lady aged 59, of dark complexion and fine physical development, had enjoyed good health until last year when she began to suffer from wandering pains in the left thigh and leg. In the Autumn of that year they became more severe, and during the winter seemed to concentrate around and above the outer condyle, these were to some extent relieved by the application of strong liniments and *Kali. Phos.* 6th. (Schussler.) The urine was large in quantity, highly colored and deposited a whitish, red sediment which was readily dissolved on the addition of a few drops of nitric acid and the application of heat. While standing before the glass dressing her hair, suddenly the limb gave way with a sharp pain, and she fell to the floor with a fracture of the left femur, at the junction of the lower and middle thirds. The upper portion of the bone pressed outwardly and caused an extensive laceration of the flesh but did not perforate the skin. Her husband assisted her to a lounge and dispatched. a messenger for me. After an examination I pronounced it a case of spontaneous fracture and gave a very unfavorable prognosis.

On the fourth day, an abscess had formed on the outer aspect of the thigh which, on being opened, discharged a pint of bloody sanious pus; exploration with probe disclosed necrosed bone and numerous fragments were readily removed, having deep erosions upon the surface, showing that the disease had been in progress some time before the accident. The thigh was placed in gutta percha splints moulded to its shape, and dressed with water dressing; at the end of two

weeks some more pieces of bone were removed; gave *Silicea* 6th. (Schussler,) dose every four hours with *Magnes. Phos* 30th. At the end of two months the patient entirely recovered, excepting some shortening of the thigh.

Dr. Franklin in his late work denies the absorption of bone pus, on which I beg leave to differ with the learned gentleman.

I wish to say one word in conclusion. Those who have not used Dr. Schussler's remedies give them a trial, and I am certain if you do you will put your regular office case up the garret out of the way, for I find that they do more than even he recommends. I have used them for three months very successfully.

Book Notices.

Allen's Encyclopedia of Pure Materica Medica, Vol. II. Boericke & Tafel, New York.

It gives us genuine pleasure to see the rapidity with which this great work is being gotten out. It adds immensely to its value, that it is issued without delay. At the present rate the profession will soon be placed in possession of the most complete work of materia medica that can possibly be made. It will be, as its title indicates, encyclopedic of all that has been published, both here and abroad on the pathogenesis of drugs. It can not be otherwise than that this work will become to all medical schools, the standard authority in this most important department of medical science.

Hale's New Remedies, Fourth Edition in Two Volumes, Vol. I. Symptomatology. Boericke & Tafel, New York.

This is an old acquaintance in a new guise. It will hardly be recognized in its present dress. The thorough revision and enlargement, and the

division of the work into two volumes, make it practically a new book. The first edition, it will be remembered, called forth a large amount of controversy and adverse criticisms. The work seemed crude but germinal of a future development of no inconsiderable value. Each edition has steadily and largely improved upon its predecessor until now we have a most desirable text book, unexcelled in style and matter and as such we cheerfully commend it to the profession.

Gorton's Drift of Medical Philosophy.

A superciliously absurd and discourteous review of Dr. Gorton's essay (of 70 pages) in an allopathic medical journal induced me to read it, and the pleasure its perusal afforded is a motive for calling attention to it.

The breadth and liberality of thought are as delightful as rare in the medical profession, and promise an eminent rank for Dr. Gorton among philosophic teachers of medical science. He justly condemns sectarian nonsense in homœopathic as well as allopathic literature. His leading object, however is to illustrate the comprehensiveness of medical philosophy and the progress which it is making in comprehending mental disorders and crimes as intelligible matter of pathological study, capable of being treated by medicine, of which he mentions many illustrations.

The prescription of medicines for moral disorders or faults of character, though eminently rational, is so far beyond the range of old school philosophy and science as to excite the derision of the allopathic party. In nothing is Homœopathy more distinguished for its philosophic spirit and direct practical utility than in the treatment of moral disorders by medicine, and the recognition of mental symptoms as an essential portion of the portraiture of disease.

"Who," says Dr. Gorton, "among close observers of medicinal action does not know the efficacy of *Sulphur* in obstinate contumacy? of *Chamomilla* in a fretful, peevish disposition? of *Belladonna* in certain forms of temper disease? of *Cannabis Indica* in hallucinations? of *Arsenicum mur.* in drunkenness? of *China* in gluttony? of *Anacardium Orientalis* in cruelty and profanity? of *Hyosciamus* in jealousy? of *Nux Vomica* in maliciousness? of *Sepia* in licentiousness? of *Stramonium* in cowardice? of *Opium* in deficient imagination? of *Pulsatilla* in minds morbidly burdened with piety?"

By clinical observations and discoveries of this character, Homœopaths are doing much to illustrate the mysterious connection of mind and body as shown in the connection of mental and bodily diseases. But however valuable these detached observations, they lack that proper physiological bond and basis which would bring them into proper correlation with such other or portions of a complete science, and enable us to recognize philosophic principles in the whole sufficient, to organize a system of psychic medicine.

Dr. Gorton says, "already hints have been made in high professional quarters of the expediency of establishing a new science, moral pathology. Nor are they confined to medical writers alone." Mr. Lecky has observed, "he who raises moral pathology to a science, expanding, systematising and applying many fragmentary observations that have already been made will probably take a high place among the master intellects of mankind."

* * * A moral pathology, thus comprehensive, is one of the enlightened events of the century, and is certainly not outside the possibilities of medicine; neither is its legitimate corollary and handmaid, moral therapeutics."

In this field upon which I had entered thirty years ago, I welcome the co-operation of such as Dr. Gorton, and would assure them that a moral pathology is not of very remote or uncertain attainment, for its basis already exists, and has existed since 1842.

Moral pathology can only become a science when the relations of the brain to insanity, disease and crime are definitely established. These relations were established by experiments in 1842 which developed a science of anthropology and illustrated very fully the connections between insanity, disease and crime, as well as their relations to normal life. The connections between these three abnormal conditions were established so clearly and positively that no statistics are necessary to make it entirely certain. The student who masters the principle of anthropology will perceive that crime tends to the production of insanity and disease according to a definite law, while insanity and disease are promotive of crime in different degrees; certain forms of disease having a very strong tendency toward crime; and insanity, which prostrates the moral nature, tending more toward crime as it involves the region of the carotid circulation. The establishment of either of these three abnormal conditions tends to promote the development of the other two; and anthropology shows clearly the relation of these abnormal to the normal psychic tendencies and consequently to the psychic and hygienic means which counteract them.

The emotional or psychic influences, if bodily diseases affecting different parts of the body, depend upon the relations between the body and the mind. The relations have never been determined by either medical or phrenological writers. My own experimental demonstrations of these relations in 1862 developed the science of sarcognomy, which was very feebly outlined in my system of anthropology, published in 1854. Sarcognomy shows that every portion of the human body has its particular psychic character, the correspondence between mind and body being that of parallelism throughout, each psychic faculty having its special correspondence or locality in the body.

Knowing these correspondences and connections we may understand why each disease has its particular psychic character—all the inferior or unworthy passions being connected with the lower part of the body.

The exposition of these matters in my anthropology was very brief and the book has been out of the market for nearly twenty years. A new edition of the work will appear next year, and a special work on sarcognomy will make one of the ten volume series now in preparation. In that work I hope to show that every portion of the human body has a definite psychic character or influence which explains the psychic effects of local diseases and of medicines as clearly as the science of the brain shows how local irritation may result in insanity or crime. J. R. BUCHANAN.

Louisville, Ky.

Miscellaneous.

Matters in Michigan.

At a recent session of the Michigan State Medical Society, Dr. Topping, of Dewitt, offered the following, and asked its adoption:

Resolved, That the Michigan State Medical Society entertain now, as ever, the most friendly feelings toward the Medical Department of our State University, and fondly desire that its future prosperity and honorable reputation may excel that which it has achieved in the past. In view of the recent action of the regents in reference to the introduction of homœopathic professors and students, we believe a crisis has now arisen in its history which justifies, and perhaps demands, from the regular profession of the State a frank expression of opinion. We believe the attempt to associate regular and homœopathic teachers and students in the same institution, to participate in the same lectures, to be a scheme impossible to successfully carry out, and one fraught with disaster, and perhaps with dishonor, to those who attempt its execution; an attempt likely to arrest the prosperity and destroy the usefulness of said medical department. Any such attempt to bring about such unnatural, and, to us, repugnant affiliation, will meet with our decided disapproval.

On motion of Dr. Southworth, of Monroe, the resolutions and the questions they raise were made the special order for discussion Thursday morning at 10:30 o'clock.

On Thursday the resolution came up in order and without debate was laid on the table. The same day a member, Dr. Charles Shepherd, of Grand Rapids, had formal charges preferred against him for consulting with homœopathic physicians. This shows their courage better suited to attack a solitary man than a corporation. Our sympathies are extended to Dr. Shepherd, who will of course be whipped in to confession and future obedience, unless he proves to be more of a man than his brethren take him to be.

Dr. A. Sager, Dean of the Old School faculty in the University, has resigned because "a homœopathic branch has been engrafted upon it." He says:

From my professional baptism forward, for forty years, and in common with all true and loyal men in the profession I have ever held that fealty to my profession was primary, and paramount to all other considerations; and acceptance of position in the University was mainly as a means of advancement of a cause to which my loyalty and affection were due.

Except upon one former occasion, no cause of disagreement has hitherto existed between the faculty of the Old School and the ruling authorities; but now that the apple of discord has been thrown into the Medical Department, and the faculty are asked to brave the most pronounced sentiment of hostility of professional brethren, as expressed through their highest organization, to this most prominent form of modern quackery; and, not only so, but to employ their knowledge and skill as teachers to advance its interests, it becomes me to show that the question where my paramount allegiance is due is not one to be controlled by dollars and cents, but rests upon much higher considerations; and this, with a desire to avoid all appearance of complicity with the newly devised plan for introducing homœopathy into the Medical Department, on the one hand, and all appearance of a conflict of allegiance on the other, is another reason for tendering my resignation.

In short, a sense of professional duty, of self-respect, and that just *esprit du corps* which implies a willingness to make any sacrifice when demanded, compel me to withdraw from any alliance or affiliation tending to defame, demoralize, and, finally, to crush out a hitherto loved and cherished institution.

A man who has been "baptized" into Allopathy is certainly excusable for sticking to it at all hazards. He would doubtless hug the slime of a frog pond to his dying day if he had chanced to slip into one during his adolescence. The stuff would certainly stick to him unless he took the trouble to wash it off. We advise Brother Sager therefore to "wash and be clean."

Correspondence.

PUT-IN BAY, June 15, 1875.

Dear Mr. Editor: Simultaneously the national convention of Homœopaths and the State society of Allopaths are here assembled. My friend of the Toledo Blade gives his impression of this anomalous state of affairs on this wise:

There is an air of leechery about this hitherto peaceful island; an aspect as if its mission is to bleed and physic and collect bills from the rest of the habitable globe. The balmy breezes which have so far swept uninfected across these verdant isles, now seem to bear upon their ethereal wings the heavy scent of potent drugs, and penetrating essences. How could it be otherwise, with the aggregated wisdom of the regular medical profession of the State, and Homœopathy of the United States—with two great conventions of gentlemen who are supposed to know every nook and corner of the human frame, as well as if they had explored them with a calcium light, and whose knowledge of the healing powers of drugs is as accurate as their acquaintance with anatomy? The amount of medical knowledge congregated within the circumscribed limits of this small island. is perfectly portentuous to think of. Supposing an earthquake should engulf it, or a devastating storm sweep its occupants to a watery grave in the lake, what, oh, heavens! what would become of the medical profession of the country, and the countless thousands of patients! An irreverent person would probably answer that most of the latter would get well.

The conversation one hears on every side is redolent of the hospital and the sick room. A sentence floats to the ear—

"I never hesitate to exhibit chloral in 30-grain doses, when I am satisfied that no organic lesions exist, and always have good results."

"You may all talk about podophyllin, and it may do for women and babies, but when I want to yank a man's liver around lively, there's nothing that attends strictly to business like blue mass. No foolishness about it; it's as regular as an alarm-clock, and as searching as a fine tooth comb."

Another said: "I can't get as good results from any of the new alkaloids of Peruvian bark, as from the sulphate of quinia: the cinchonas are failures, and the carbolate of quinia is a nuisance."

This wakes up an old fellow with a long white beard, who wears great round eye-glasses, and the general appearance of belonging to the last century, and exhumed now for centennial purposes. He sets his horn-handled cane down hard and says:

"Well, now, I never have any trouble with the fever and ager. The reason why is because I put right down on it from the first; nip it in the bud, you might say. When a feller comes round to me and says he feels agerish-like; has hot and cold streaks running up and down his legs, his vittles don't set right on his stomach, and his tongue is coated,—I just go for him prompt-like, and straighten him right up. I start in with a dose of blue mass as big as a small marble, foller this up the next morning with a couple of tablespoonfuls of Epsom salts to work the blue mass off, then give him about a quart of strong hop-tea with a chunk of alum in it; put a fly blister back of each ear, and a sharp mustard plaster on his stomach. I tell them if there is a return of the symptoms I will repeat the dose. I never have any need. Nobody ever comes back to me and complains of having any more ager. No sir; all it requires is to go about your work in earnest."

Even the people on the Island have become infected with the medical mania, and they unconsciously talk as if they were all recent graduates of Bellevue. One of the waiters at the Put-in Bay remarked casually to the porter:

"See here, you blighted product of an unhealthy embryo, I'll develop an abnormal process in your supra-orbital region, if you don't dry up."

And the genial Col. West as he interlaced his phalangeals with our digital extensions, said:

"Walk right into the dining-room, my boy, and distend your epigastrium to repletion."

Stepping into the old school convention a while I chanced to see this graphic picture drawn of the past history and present condition of Allopathy. Dr. Agard, of Sandusky, gave us the sketch. It is worth preserving.

"The Belshazzars of Fashion, in medicine as in society, are to-day, as ever before, holding their drunken revels, to which they invite lords and retainers by the hundred and by the thousand. The heated brain, every now and then, is catching glimpses of a strange hand-writing on the walls, which troubles them, causes their loins to weaken and their knees to smite together. In their trepidation, a lion-hearted and sober-minded Daniel is called in to read the writing, and when the interpretation thereof is made known, there is consternation with the revelers, and the king dies that same night. Another ruler comes to the front, the lords of fashion drink his monied wines of dogma, and in their intoxication shout, loudly, "great is our Belshazzar now." Anon, the hand-writing appears again on the wall; a Daniel makes known its interpretation; the king dies that night and the people stand agape again for his successor, hungering for new follies to be drunken over. Thus the play goes on, and the lengthening row in the cemetery of medical history fills up with the buried Belshazzars of medicine—the kings of humbuggery and their dogmas.

Stripped of all verbiage and reduced to plain English, the doctor means to satirize the varied medical theories that have been successively promulgated, defended and abandoned by his school. We think he is unnecessarily severe on his brethren, but we are inclined to think with the doctor, its time they stuck to something that can not be put down by a hand-writing-on-the-wall.

Strolling out into the grove, I chanced to find an Esculapian dreamer at full length beneath the shade. He was overcome with much wine and now soundly sleeping. He had been invited to the banquet and was down for a response to one of the toasts. He was down too much and failed to respond. I found protruding from his pocket the manuscript of the impromptu speech he was to have delivered. It ran as follows:

IT SEEMS to me Mr. Chairman, a wonderfully short time since twelve months ago we gathered about the banquet table in honor of the American Institute of Homœopathy.

And the years that have been marked by this recurring event have gone by with great rapidity. It seems to me you all look as young and the ladies as beautiful, with an air of freshness, and greenness pervading the entire company as when I first met you under like circumstances now going on some seventy-five years. No one can shut his eyes to the perennial nature of this Association's appetite. It aways make me hungery when I think of the American Institute. But I never have any appetite when the occasion comes off because some officious meddler is always thrusting the inevitable toast under my nasal organ. Its a petty spite he has against the cook. And this brings me to the second division of my subject. I had once and indeed up to a very recent date an idea that I knew something about geography—I mean of course physical geography, which is all a practitioner of physic would care to know anything about, and when I undertook to champion the proposition that this Institute should hold its present session in this place, I supposed I knew what the place was. But I must here record my bitter disappointment. This place is not what I expected it to be. In view of the gastronomic qualities of this national body, I urged its assembling here because I supposed it was *Pudding Bay.* I supposed the whole island was an inexhaustable mass of plum pudding, and this I calculated would materially reduce the price of living all except wearing out our Sunday clothes. Now that I am here you can imagine my disgust. I feel about it as the country clergyman did who introduced a missionary man to his congregation in these startling words. "My Brethern this is Rev. Enos Jones from the Island of Ceylon,

"Where every prospect pleases
And only man is vile."

The resident poet of this island whose acquantance I have been proud to make since I came here has justly discribed the character of this place as the spot where,

"The noble white man and the red
Together fished and fit and bled."

Now I don't pretend to know anything about fishing, but I am up on the matter of fighting—that is historically. I'd like to see the battle that ever went off without my knowledge—subsequent knowledge of course, I've been in a great many battles in my life time but I don't pretend I've been in all of them. Now there's the Battle of Lake Erie, about which very little is known by any body; millions of human beings yet unborn never yet heard a breath of it. Ah, what a joy, awaits their future knowledge of it! I presume thousands of you never heard anything about it. O, no, they never mention the subject at Put-in Bay! Yet, standing here, I can catch the echoes of those guns that carried such consternation to the tarnal Britishers. Now I want to tell you something about the battle you never heard of before; and you'll never want to hear about it again. The man who had charge of that dance of death was a certain fellow by the name of Commodore Perry they called him Perry for short. The British gave

him another name—they called him Oliver, and he gave them a Roland for their Oliver that is he rolled more balls into them that day, then thay ever dreamed of. After that battle he got another name; the world called him Hazard on account of the supposed extra hazard he took in offering fight to the enemy. Then his name was Oliver Hazard Perry. But you see that fight wasn't much of a risk after all—only one third Hazard and other two-thirds sure. Now I can't say (to speak the truth which I desire to do at all times)—I can't say I know the Commodore very well. But I knew his ancestors very intimately. His grandfather was a school mate of mine; and he understood fishing, according to my recollection, better than he did fighting. It was the other way with Oliver, and hence I stoop to mention him on this occasion. But these fellows who know a great deal less about fighting than they do about fishing are beneath my contempt. The Commodore is at present stopping in Cleveland, in a stone front on the Public Square. He is a very cleevr gentleman; minds his own buisness and never tries to borrow money of strangers, which is more than can be said of most of the men in Cleveland.

I send you these because they will not be found in the regular minutes of the meeting. The best things will not all appear in the notes of the Secretary. Yours MOHAWK.

Dr. Goucher and the Cancer Cure.—A Criticism.

In the April 1st., No. of the U. S. Medical Investigator, appears a three page article by Dr. J. Goucher, of Ravenna, Ohio, under the title "Cancer, Scrofula and Gravel curable with remedies." This production is of a character so extraordinary, so unique I may say as to deserve more than a mere passing notice. In reply to the enquiry how he cures cancers, he says; "I have no secrets in our common, noble profession; but, being a modest man, given to constant thought and a very extensive practice, and sixty-two years of age, I have no time to write myself into notoriety." Now in all seriousness, we have no inclination whatever, to question the Doctor's modesty.

The manifestations of this virtue within the narrow limits of the article under consideration, are profoundly convincing, but we must beg to differ with him regarding the last assertion being thoroughly convinced that the production of one or two more articles equal to this first effort would be amply sufficient to confer upon their author all the notoriety that could reasonably be desired.

The Doctor goes on to tell us that his whole life has been given "to know disease and its cure—especially to cure scrofula, cancer and gravel, without the use of the knife or burning plasters." He informs us that when a little boy of five and a half years of age he was "left an orphan without a cent;" further, that he was a student of Professor Valentine Mott, that he witnessed many of that gentleman's "beautiful operations with the knife in the exsection of those appendices, [cancers] and in most cases without a cure;" that he was a hospital student under Professor U. R. Smith, of the University of Maryland, where he had more surgical experience in the cancer line, etc. These modest autobiographical details serve as a preface to a startling theory of the Doctor's own invention which he introduces as follows:

"In the early years of my practice, cancers were few and far between. And why? Because scrofula had not so completely contaminated the entire human family. I have been an every day student of scrofula, cancer and gravel for thirty-eight years, and I find that cancerous developments have only kept pace with the spread and growth of scrofula, deranging digestion, secretion, assimilation, nutrition and excretion."

This is, certainly, a mournful picture of affairs. If in the short space of thirty-eight years the entire human family has been so completely contaminated by this mysterious something which the Doctor learnedly calls *scrofula*, what's to become of us? At this rate, it looks as though another generation would work such havoc with the universal "digestion, secretion, assimilation, nutrition and excretion" that the wretched remnant of the earth's population will be reduced to a purely cancerous condition, fit subjects for the "beautiful operations" of subsequent Mott's and Smith's. We hope the supply of *Cun-*

durango and *Lapis Albus* will be considerably increased before this terrible climax in the history of the human race is attained.

But the Doctor continues: "I believe cancer to be a scrófulous blood disease and therefore depends upon constitutional treatment. I build up the centers of life—the nervous system—by appropriate medical agents, selected according to our great law of cure, taking into consideration the constitution, history, character, location and degree of malignancy of the cancer. And whatever medicine I select to prescribe inside, I use the same outside to cancerous tumors or infiltration. I direct nourishing food, pure air, warm clothing and take particular care of your skin, stomach, liver, spleen, bowels and kidneys." And Doctor, what about the pancreas, the heart, the lungs, etc.; do you leave them to shift for themselves?

"But," says the Doctor, "how are we to diagnose the true malignant growth or infiltration from the non-malignant tumors so often mistaken for a cancer?" Ah that is the question, to be sure, and echo answers, "How!" for anything the doctor tells us. He fails to give a single diagnostic point to aid the observer, but, in lieu thereof, supplies us with the following beautiful piece of information:

"The proper steps to be taken in order to master an obscure and terrible disease, is to investigate critically as large a number of cases as possible." This looks reasonable. And, if the Doctor is correct in his belief that "scrofula" has completely contaminated the entire human family and is letting it rapidly down into a cancerous diathesis, we shall all of us, doubtless, have, ere long, a superabundance of cases on our hands "to investigate critically." Meanwhile, we need not bother ourselves about diagnosis.

"All wisely written theories," continues the Doctor, "sink into insignificance in comparison to the question: *Can you cure my cancer?*" And then comes the following startling announcement. "The statistics of my treatment warrants me in saying that I can cure as many cases in a given number, as can be cured in any other disease—all circumstances being

equal." Shade of Jack Bunsby! what does this mean? All circumstances being equal? We give it up.

The Doctor concludes his article by giving a bare list of twenty-six remedies, without a single key-note, indication or hint of any sort. "These," he says, "I prepare and administer with a large amount of well cultured brain, without which every physician will ever be a mere tyro or smattering." [smatterer.]

When next the writer of the article under consideration, attempts to enlighten the medical world on the cancer question, we hope he will infuse into his production a little of the "well cultured brain" which he says he administers so liberally with his medicines. Such disjointed, irrelevant generalities tho' they be, as in the present instance, the offspring of "a modest man, given to constant thought and a very extensive practice," are not calculated to elevate the literary standard of our journals or add materially to our knowledge of therapeutics.

X. Y. Z.

Editor's Table.

Dr, J. G. Gilchrist removed from Tideoute, Pa., to Detroit, Mich.

Dr. Julia A. Dunning, of Corry, Pa., was married June 12th, 1875, to Rev. Joseph Adams, of Cambridge, Pa.

Dr. W. M. Baldwin has removed from Mt. Vernon to Bellefountaine, O., and formed a copartnership with Dr. F. B. Sherbourne.

Dr. D. W. Hartshorne has returned to Cincinnati and will resume his practice and fill the chair of Gynæcology in the Pulte Medical College the coming session.

Dr. C. E. WALTON has removed from Cincinnati to Hamilton, O. The doctor will retain his professorship of Anatomy and fill his chair as usual.

DRS. J. M. SCHLEY and F. H. Boynton have been appointed assistant surgeons, and Dr. Alfred Wanstall has been appointed resident Surgeon of the N. Y. Ophthalmic Hospital.

Dr. T. F. Allen urgently requests that all errors discovered in the "Encyclopedia of Pure Materia Medica" be reported to him or to the medical journals and a list of errata to Vol. I and II will be published at the end of Vol. III.

OFF FOR EUROPE—A general hegira is taking place among the doctors. Prof. R. Ludlam, of Chicago; Dr. J. P. Dake, of Nashville; Dr. R. B. Rush, of Salem, O.; and Dr. J. J. Youlin, of Jersey City, are among the latest departures.

GEO. C. JEFFERY, M. D.—We omitted to mention that this gentleman at his graduation from the Pulte Medical College this spring bore away also the special degree of Fellow after most rigid and extended examination in all the various branches of medical science.

AT A meeting of the Board of Regents of Michigian University, on the 29th of June. Dr. Sam. A. Jones was appointed to the the chair of Materia Medica and Dr. John C. Morgan to the chair of Theory and Practice in the Homœopathic Medical Department of the University. I. N. ELDRIDGE.

CONTENTS.

J. P. GEPPERT, PR.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., SEPTEMBER, 1873. NUMBER 5.

All business communications, relating to the MEDICAL ADVANCE should be addressed to DR. T. P. WILSON, 223 W. Fourth St., Cincinnati, Ohio.

Our readers will notice the change above made in the business management of the ADVANCE.

THE World's Homœopathic Convention to be held in honor of our national Centennial next year at Philadelphia, will be looked forward to by all our profession with the deepest interest. The chairman of the committee of arrangements, Dr. Carroll Dunham is putting forth every possible effort to make the Convention a success. With the hearty co-operation of all interested we will doubtless be enabled to add to the many graces that are to adorn that grand anniversary, one that will fully represent the intelligence, liberty and enterprise of our rapidly growing school of medicine.

THEY call it a Board of Health. But this is facetious. It is composed of a company of gentlemen who are chiefly doctors and druggists. They are supposed to have an eye on the physical well being of our great city. To struggle daily, if not hourly, against the inroads of disease on a population of three hundred thousand souls—beg pardon, we mean bodies—would seem to be a task beyond the powers of seven able bodied gentlemen. It is done though, and very cleverly. Is not ours a representative government? It is. This board represents the city. And what can represent this board so well as drugs? When they have therefore settled the all important question, who shall furnish the drugs? they have done their chief official duty. A subsidiary question as to who shall write the prescriptions

upon which the drugs shall be dispensed, that is also easily settled. A board like this composed of druggists and doctors, does not need to wrestle very hard in disposing of such problems. They can lay out a matter of fifty thousand dollars a year and rest contented in the fact that, with quinine, castor oil, morphine and calomel let loose on the community, Providence must assume the balance of the responsibility, if epidemics are allowed to prevail. For this season of the year, we commend the reading of the proceedings of the Board of Health. It is cooler than ice.

DR. HALE'S new edition of his New Remedies, has called forth an indecent criticism from one of the gentlemen recently selected to represent Homœopathy in the Michigan University. We are not concerned in the more objectionable parts of the controversy. The poison they contain is self-antidoting. But we are all concerned in the question that has been raised affecting the character of our materia medica. The critic (?) claims that the authorship should be acknowledged when a symptom is given. Piracy and plagiarism are predicated of the work under discussion, because the compiler has not placed after each symptom, the name of the prover. Dr. Hale courteously and truthfully replies that this would unnecessarily encumber our works on symptomatology. The prover secures his proper credit in the publication of his proving. After that the whole becomes the property of the entire scientific world. As well might the multitudinous facts of science require the mention of their discoverers whenever we choose to use those facts as, that all the countless symptoms of remedies should have a tail piece of that sort in order to make them fly. Dr. Hale is right and his assailant is as wide of the mark in this view of the necessities of our materia medica as he is of the general estimate of the work he has attempted to criticise.

FOR our part we heartily espouse the cause of hygiene. We can not measure the value of this science for it is practically yet in its infancy. The time will come when it will stand higher than medicine in the estimation of the world. Of old it has been said, "An ounce of prevention is worth a pound of cure:" but this was said prophetically; for, until now, we have had no proper test of its truthfulness. And now we see daily exemplification of the power of sanitary regulations, over the nature and progress of all forms of disease. But for all this we are greatly staggered at times by apparently contradictory facts. Over a year ago one of the main sewers of our city burst and overflowed the Mill Creek bottoms. For more than three months a large part of the city was treated to the most disgusting odors night and day. Our wise ones gravely prophesied a marked increase of sickness. We were told to look out for typhoid fevers and diarrhœas. But they didn't come. We certainly never had a healthier summer. Our hygienists were nonplussed. Talking with a very intelligent medical gentleman from Memphis, we asked how far it was true that the

sanitary conditions of that city had to do with the prevalence of yellow fever in that place last year. He replied that he remained in the city during the entire epidemic; had an attack of the fever himself, and that hygienic conditions had nothing to do either in producing or abating the disease. He said it was a popular fallacy that frost was a powerful agent in checking the progress of the epidemic. He assured us that Happy Hollow, that part of Memphis in which the disease started, was not in the filthy condition generally represented. The cholera appeared in Memphis a few months before the yellow fever and not a case of it occurred in the Happy Hollow neighborhood. In Nashville the residents in the better parts of the city were chiefly attacked with cholera. "I tell you," says our informant, "dirt is not the disease producing agent it is represented to be. In my experience dirty people are the healthiest." And so it appears the question has two sides. What we want, are the facts. Who will give us light on the subject? Facts first, and theories afterwards.

THE HAPPY FAMILY.—Barnum had it once, and it proved a great card for his famous show. Until you had seen it, you would not have believed that animals naturally so antagonistic, could be brought into such intimate fellowship. The scheme was certainly against nature and all our previous knowledge of the animal races. But the scheme triumphed and the happy family was a success. Now we have another family of this sort started up in Michigan. The Regents of the University, defying the impossible, have ordained that the allopathic and homœopathic professors shall do joint work in the instruction of medical students. By a bit of logical legerdemain, it seemed as though a separate department had been set up for a couple of amiable gentlemen and a few fantastic youths, to disport themselves in at the general expense of the state. Alas, for the seeming! Cold blooded facts, show there is no escape for the regulars. The twain are one flesh. But the happiness so characteristic of the family, has not reached its maximum yet. In fact, the primary effects are distressing to the high toned gentleman thus called upon to entertain company not to their liking. No donbt, Mr. Barnum at first trembled for the fate of his pets, but he offered a substantial reason, then and there, why the cat should not catch the robin or the snake swallow the frog. He was not disappointed. Neither will the Regents of the University, be disappointed. Only those who presage ruin, will find they are mistaken. The editor of the *Detroit Review of Medicine* is in travail over the question, but he manages to pick up a few crumbs of comfort. He anticipates an influx of homœopathic students under the new *regimene*, and he exclaims, "Never before has such a renowned group of men been provided as their teachers. Students will come from the east and the north, and the south and the west, [and why not from the north-east and south-west, and south-east and north-west?] and sit down at the feet of Professor Ford and MORGAN Mac-

doctors do not interfere too much, such diseases will terminate favorably. Medicines may indeed do them some good by lessening their course; but, as a rule, all they need is careful nursing. So, neither, can we dispense with this important agency when we are treating diseases of great danger. The ablest physician is, to a great extent, powerless, if his patient have not the proper and constant care of an intelligent nurse. Now in the establishment of this school of nurses, it is proposed to fill it up with students who are rudely called old maids and grass widows. To this I decidedly object. I hate monopoly. Our spinster sisters and lady friends, bereft of their husbands, should not undertake to hold exclusive possession of this important office. Heaven forbid that I should hinder their attempt to gain a livelihood in an honorable way! But this course is robbing the doctor of his inalienable rights. It is his duty to be something more than a dispenser of medicines; or, if you like it better, something more than a diagnosticator of diseases and a prescriber of drugs. It is all well enough to drive up in one's carriage and enter with stateliness the sick room; and then to conduct with dignity and care the necessary examination; after which to prepare, or order the needed remedy and give the necessary directions to be followed until your return the following day.

This is all many practitioners expect to do. If they attempt to enter into a detail of other matters, they are quite at sea. Fortunate they are, if they have the aid of a capable nurse to supply what they lack. The doctor understands pathology and materia medica, but the question of eating, drinking and bathing; the right uses of fresh air, light and heat; the introduction or exclusion of company, and kindred topics, are matters about which he has never had any teaching, little study and less experience. Unfortunately the doctor who, in the sick room, gives these things some special attention, is apt to get the name of "granny doctor." They say he is fussy and particular. He watches all the small points, and is therefore troublesome to careless and incapable nurses and negligent friends. Drs. A. and B. come and go and mind their own business, but this old granny has an eye to every-

thing, and is sure to meddle with them if they pertain to the welfare of his patient. Well now the casting of such a slur is very unfortunate. It tends to prevent what is a necessary part of every physician's education and practice. Every doctor should be taught how to nurse the sick. He should not be so absolutely dependent upon the chance help of those who know even less than he, about the care of sick people. By all means let the school for nurses include our doctors. It happened once that I was called to visit a patient in considerable haste. It was a child, already sick for some weeks, with the brain fever. A practitioner of my own school had been for some time in daily attendance. As he was not there to counsel nor had been formally notified of his discharge, I should perhaps have immediately taken my hat and left. But I was struck if not appalled at the sight. The child lay in a cradle which stood in the middle of a large room lighted by three large windows which had neither blinds nor curtains. The cradle was being incessantly rocked and the moaning and unconscious child was rolling from side to side as far as the feather pillow in which its head lay would allow. A thousand flies swarmed in the room and hovered over and alighted on the patient, eager to do what its parents had failed to do, namely, clean off the dirt from the face. Five or six anxious neighbors, all women, had come in to hear what "the new doctor" would say. Well he said very little. He ordered the room cleared of all gossiping neighbors, the windows to be hung with shawls and quilts, there being no blinds; the flies to be driven out; the child to be thoroughly washed and the cradle to be rocked no more. In twenty minutes these orders filled to the letter. Then sitting down by the cradle this new doctor with his new ideas of practice, began to bathe the child's head with tepid water and presently the child ceased its moaning and fell into a gentle slumber, while the parents, ignorant as they were, could see with great pleasure, the change wrought in the condition of the patient. Now this is typical of a multitude of cases in which the physician's most important relation to the sick is that of a nurse. And we should never consider our work in the sick room done, until

we have superadded to our examinations and prescriptions, a careful survey of all accessory matters being quite sure before we leave, that in every particular, our patient lacks nothing that can be supplied.

General Clinics.

TREATMENT OF THE INSANE.—Dr. S. Worcester then read extracts from the report of Dr. H. R. Stiles, Superintendent of the State Homœopathic Asylum for the Insane at Middletown, N. Y. As this is the first public homœopathic asylum ever established, its reports will be looked for with interest; but as but three wards are yet completed the institution labors thus far under great disadvantages. Dr. Stiles says: "Our medical treatment has been purely according to the homœopathic law of '*Similia Similibus Curantur*,' and entirely without resort to any of the forms of anodyne, sedative or palliative treatment so generally in use. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success." And upon the mooted question of restraint, he says:

"Restraint has been used in comparatively few cases,—*only by direction of the medical officers*,—and it has been found practicable by, means of tact and patience, to restrict its use, even in violent cases, almost to a minimum. In accomplishing this desirable result, we have been largely aided by the intelligence, forbearance and good temper of the attendants. In all cases, where it was practicable, a degree of liberty has been allowed and paroles have very rarely been abused."—*Proceedings Champlain Valley Hom. Medical Society.*

WHAT WOULD YOU CALL IT?—I had a remarkable case on the railroad last week. A young man, one of the construction hands, taken suddenly. He ate supper and in a short time was taken with violent fever and became delirious, he had been in water and slept in his wet clothing all night, and lived hard and worked hard. I was called at 5:30 p. m., to see him; found him in a car on a bunk, face puffed, dark red, mouth open, tongue largely swollen and dark or purple color, lips swollen, rapid respiration, full rapid beating pulse, could say but few words, delirious, turned over every two or three minutes, feet cold. The men (some 40 or 50 in gang,) were alarmed, thought it was something contagious. I put him on *Bell.* 2 and *Rhus Tox.* 2d, in water, dose every 30 minutes till improvement. In the morning I called at 4:30, found the fever gone and man asleep; weak flagging pulse, patient pale, feet and hands warm. Gave *Acon.* 3d and *Rhus* 3d, every 3 hrs. At 4:30 p. m., the man walked up to my office and got some more medicine, and told me he never had such prompt relief before in his life, that he could feel a strong sensation every time he took the medicine, that he would never take any other kind but homœopathic medicine in the future and paid me for the job, and was *well pleased.* Now what ailed the man? I was not asked to diagnose, but I mentally called it congestive billious fever. Am I right? But then this fever, you know is not so soon dispensed with, so I will wait your diagnosis from the symptoms. O. J. L., Harrison, O.

[Our opinion in brief is, the patient had a lively imagination and the doctor extraordinary good luck. *Ed.*]

ANOMALOUS INTERMITTENTS.—EUCALYPTOUS.—I shall probably be taken to task for not being a true homœopath. It may be my ignorance that I can not cure those chronic anomalous intermittents with our dilutions, but I can't, and its not because I have not tried, and I have been very successful with the *Eucalyptous*, not failing in more than one case out of a hundred. I use the tinct. and in large doses. I tried it in small doses and dilutions but it would not neutralize the

poison so. I have never found any deleterious effect on the system from those large doses. Only in a very few cases does it cause nausea, and it always will relieve nausea of an ague case, and in some few cases it has caused peculiar head symptoms, yet I have no remedy that will relieve those same head symptoms in ague cases, particularly malarial neuralgias. I know but little about the proving of *Eucalyptous*, but I know it will neutralize this mysterious something called malarial poison. This something seems to be the same wherever, whatever part of the world we find it in, differing only in degree. I do not see how its origin and nature could be doubted, yet I must confess it has "ways that are dark"—yes and tricks that are *in vain* when combatted with the *Eucalyptous*. ANNA WARREN, M. D., Emporia, Kan.

SUBACUTE SYNOVITIS.—Miss N. was attacked with rheumatism which soon located in the left knee. At the end of eight months, we find subacute synovitis with enlargement and acute pain on attempting to move the joint. As all ordinary and extraordioary remedies had been used, externally and internally, I ordered electricity alone; gave the Faradaic current from side to side of knee for a few days, then the A. D. current of a Davis & Kidder's battery, from above to below, continuing the electricity for thirty miuutes daily for seven days, when she was able to walk with a cane, pain much less on movement. Ten days later, and much to her surprise she could walk without crutch or cane. E. C. BECKWITH, Columbus, O.

PITYRIASIS CURED WITH ONE REMEDY.—A printer, working in a damp, ill-ventilated room, found himself, suffering from an attack of general pityriasis, of an aggravated form, the dandruff like scales dropped from some portions of his body continually. He took *Arsenicum alba* 3d, morning and night, for six days, when he reported himself well. He has had no relapse. E. C. B.

CHOLERA INFANTUM.—Time 1:30 a. m., July 23, child two

years old, symptoms, great emaciation, violent emesis and purging, cold sweat on forehead, cold feet and hands; pulse almost imperceptible; blue color under the eyes; child did not notice anything much. Remedies, *Nux Vom.* 30th and *Ars.* 30th, alt., 30 minutes till relief, then two hours. Gave it *Nux Vom.* first dose and in three minutes it went to sleep, the parents looked amazed, thought it would die sure. I prohibited the use of anything for 6 to 8 hours, except my remedies. Well it got well; the bowels remained closed three days and then nature assumed her power, and it is entirely well. O. J. LYON, M. D., Harrison, O.

HEROIC.—Prof. W., suffering from debility and exhaustion from over work, consulted his physician, who ordered twenty grs. *Quinia* morning, noon and night, or sixty grs. daily for ten days, 600 grs., for daring to get tired. E. C. B.

CATARRH OF EUSTACHIAN TUBE.—*Graphites* has proved a most excellent remedy in the treatment of this disease, and in several cases was sufficient to produce a cure. G. M. O., Hackensack, N. J.

Theory and Practice.

Suggestions about Diet. By H. H. Baxter, M. D. Read before the Homœopathic Medical Society of Ohio.

Physiology seems to be considered by the profession as the least practical of all the departments of medicine. A student on leaving college lays his text book on physiology on the

shelf and seldom if ever consults it thereafter. Having studied it as a part of the regular course at college, he is apt to regard that as all-sufficient, and to think that it has no practical applications, except in a general sort of way, to the treatment of disease. Even anatomy takes a higher rank in the mind of the physician, as a practical subject, than does physiology. But is this view the correct one?

It is a part of physiology to teach the quantity and quality of food required to mantain the body in its full strength and vigor, and the special office of each particular kind of food. It teaches the different processes through which the various articles of food must pass in order to be absorbed and become bone and muscle and nerve tissue. Careful attention to and study of this subject will, many times, enable the physician intelligently to answer the question which is put to him every day of his practice, "Doctor, what shall I eat?" To select a diet list with due regard to the peculiar appetites, tastes, and fancies of each patient is a problem no less preplexing than the selection of the appropriate remedy. In this dilemma, especially in cases of weakness and long continued prostration, a very important question here suggests itself, whether, instead of prescribing stimulants, which at best produce only a temporary and artificial strength, it would not be better and more scientific, to study carefully the constituents and nature of different kinds of food and seek to introduce into the system such substances as will give permanent strength and vigor, and which are free from all exciting effects, and all medicinal reaction?

There are two very simple substances to which it is the purpose of this paper to call special attention. They can be obtained in abundance almost every where, and require but little or no previous preparation, little or no digestion and they fulfill all the requirements of food, but are often overlooked or forgotten in making up a bill of fare for our patients. These are milk and eggs.

Milk.—Pure milk contains in solution all the elements of the body—every thing that is required to nourish and sustain the body. Especially is this true in so far as relates to the

organism of the child. In fact one writer upon this subject says that milk may be regarded as a child in solution; which is no doubt essentially true. One other thing renders milk a very imporant, and convenient article of diet, under many circumstances, viz; it requires no digestion. It is already digested and prepared for absorption. In fevers I regard pure milk, for the main article of diet, as far superior to everything else so far suggested, especially in typhoid and other fevers involving disturbance of the stomach and bowels. Beef tea which is so commonly used, has a decidedly irritating effect on these parts, while milk, on the contrary, is soothing, cooling, and at the same time nourishing and strengthening. Moreover patients who can take milk at all, will take much larger quantities than any of other food, and consequently that sense of extreme prostration which so frequently obtains in fevers of a typhoid type, can, in a great measure, be prevented. Pure milk, however, is apt to leave, for a little time a disagreeable, sticky taste in the mouth of fever patients. To obviate this, I dilute it with equal parts of water. In this form it answers the purpose of drink and food at the same time.

In chronic disturbances of the stomach and bowels, such as dyspepsia, organic lesions of the stomach, diarrhœa, ulceration of the bowels, etc., the milk diet is a most valuable adjunct to homœopathic treatment. It allows the stomach almost absolute rest, which in many cases is all that is required. And this rest or quiescent state of the stomach can be prolonged almost indefinitely, since a fully developed adult can be sustained for days and even weeks if necessary on milk alone. In this connection I may cite the case of Miss L. F, aet 20, who presented herself at the clinic of the Homœopathic Hospital College at Cleveland, during the session of 1873—4. She had been unable, for several months, to take any solid food without producing the most excruciating pain in the epigastric region, which would continue until the stomach was emptied of its contents. Liquid food such as soups, broths and the like, caused the same symptoms although in a less degree. There was also, occasionally, vomiting of a dark sub-

stance like coffee grounds accompanied with pain. I regarded it as a case of non-malignant ulceration of the stomach, She had taken sometimes bread and milk, but never the milk alone. I enjoined a total abstinence from all food except milk, and directed her to experiment carefully until she found how much she could take at one time without producing pain or any other unpleasant symptom. She soon discovered that she could take about a teaspoonful with perfect safety. This quantity was taken about every three or four hours. The remedy prescribed was *Lyco.* 200th. As long as this treatment was continued, the improvement was very decided and rapid. For three weeks she suffered no pain, had no vomiting, not even of the coffee-ground substance. In all this time she experienced none of the pangs of hunger, to which, I should have stated, she had been subject previously.

She was a girl of passionate disposition and strong self-will, and at the expiration of about three weeks she became tired of milk, and in spite of the entreaties of her friends, she indulged in a hearty meal of bread, potatoes, boiled meat etc. Of course the usual consequences followed; severe pain in the stomach which was only relieved when this mass was thrown off by vomiting. The milk diet was resumed and followed by improvement as before, but the patient lacking all self-control, again violated my strict injunction to avoid all other food except the milk. She finally passed out of my knowledge. I learned subsequently however that in spite of numerous relapses she improved slowly and had nearly recovered. The result in this case, although not complete, was such as to show conclusively that, had she adhered strictly to a milk diet, a perfect cure would have resulted in a short time. In other cases of weak or impaired digestion, I have recommended a diet composed chiefly of milk, with the most gratifying results. Of its use in summer complaints of children perhaps little need be said. I can not, however, leave the subject without calling attention to the fact that the several constituents or elements vary in quantity and proportion in the milk of different animals. Mother's milk is of course the

standard. Cow's milk which is most generally used is heavier containing a large proportion of the solids, as follows:

	Casein.	Sugar.	Butter.	Water.
Mother's Milk,	3.2 per ct.	3.5 per ct.	3 per ct.	About 90 per ct.
Cow's Milk,	6.3 per ct.	3 per ct.	4 per ct.	About 90 per ct.

That is, cow's milk contains twice as much casein, less sugar and one per cent more of butter than mother's milk; consequently when the former is used for the latter it should be largely diluted with water and a little sugar added. In cases of diarrhœa or any other difficulty when the digeston is weakened or impaired, or the bowels are tender and irritable, a still larger proportion of water should be added. In fact the diluting process should be carried to such a point that the child can take it without producing any irritation of the bowels, *i. e.*, without passing it per rectum undigested or until it is clearly demonstrated that it can not subsist on milk at all. In the latter case some of the numerous preparations of infant's food may be used.

There are many persons who can not take milk in any form even when in health. I have met with one or two, upon whom it always acts as a poison. In such cases of course, some other diet must be selected. In any case where the patient is fond of milk but can not take it, because it "sours on the stomach" a few doses of *Calcarea Carb.* will often remove this difficulty.

Eggs—They also contain everything that is necessary to maintain the standard of health and strength in the body. It is found however in a semi-liquid state, instead of in a state of perfect solution as is the case with milk; consequently they require some digestion, and are not so readily absorbed. They form a very important and convenient connecting link between a milk, or other sick diet and ordinary food of health. It may be urged by some that eggs are heavy and difficult of digestion, and perhaps irritating to the bowels. This is undoubtedly true when the albumen has been partially or completely coagulated by the heat of cooking, but I believe that fresh, uncooked eggs are almost wholly free from these objections. A fresh raw egg thoroughly stirred into about half

a pint of milk, forms, what is to most persons a palatable and at the same time a nourishing article of diet. One great advantage is, that all its component parts are retained in their natural state, and it is rendered more completely in a state of solution and consequently requires less effort for digestion than in its more solid form.

If patients object to the eggy taste, a little sugar may be added, or if this is not sufficient, some one of the numerous flavoring extracts may be used. Whisky is often used for this purpose, but in most instances it is highly objectionable, and should be avoided when possible.

BEEF.—This is probably the most common article of diet formed in or out of the sick room. In many cases it may be used with impunity; but in typhoid fevers, and other diseases where the bowels are inflamed and tender it produces, in its ordinary form, very deleterious effects. Even in the form of tea it increases the irritation, keeps up the fever and aggravates the diarrhœa, and consequently should in such cases, be, for the most part, excluded from the diet list. Mutton or mutton broth is much more preferable.

It has been suggested that the fibrin of the beef, being rather difficult of digestion is the source of irritation. If this be true, any process which will get rid of the fibrin will remove this objection. This may be accomplished by taking fresh, raw, lean beef and scrape it thoroughly, separating and removing the fibrin and leaving the pulp of the meat. This should not be cooked, since the heat will coagulate the albumen and render it heavy and indigestable as in the case of eggs. It may be seasoned to suit the taste either with sugar or a little salt. Prepared in this way it forms a very delicate and, at the same time, a nourishing and substantial article of food, and one which patients, as a general thing, soon become fond of.

My attention was first called to beef prepared in this manner a little over a year ago. In February, 1874, I was called upon to treat a child twenty months old, who inherited from the father, a predisposition to disturbance of the bowels. He had been subject ever since his birth to bowel trouble, some-

times in the form of obstinate constipation, sometimes diarrhœa. Since early in the winter he had been troubled with diarrhœa, but the family being in straitened circumstances, had tried to avoid a doctor's bill, by treating the child from their family medicine case. This not proving successful, about the middle of February he was placed under my care. Various remedies were prescribed as they seemed indicated, but with little or no apparent benefit. The greatest relief seemed to follow the administration of *Cal. Carb.* 200th, but this was only temporary. At length marasmus set in and the little fellow became so emaciated that there was literally nothing left but skin and bones. He looked more like a reanimated mummy than anything else. The alvine discharges varied from six to twelve and fifteen in each twenty four hours. Of course no hope was entertained of his recovery.

This state of things lasted for nearly if not quite a month, during which time I fully expected at each recurring visit, to see death's triumphant flag floating from the door. This however was not to be, for, when parents and doctor were pretty well worn out, the patient showed some signs of improvement which proved to be permanent. Almost with the first symptom of recovery there supervened a ravenous appetite for meat especially beef and nothing else would satisfy it. The sight of a piece of meat would set him frantic, when he would look and act more like a starved wild beast than anything human. But beef, however carefully prepared and cautiously administered, invariably passed him, per rectum, undigested, and increased the frequency of the alvine discharges. This effect was produced repeatedly. Mutton was given, but he soon tired of this; moreover it seemed only partially to satisfy that intense craving. At length raw beef, prepared as I have indicated, was suggested and tried. The result was gratifying, to say the least. It seemed perfectly to satisfy the canine appetite, and he could take quite large quantities without producing any irritation of the bowels, or increasing the frequency of the stools. It was never detected undigested in the stools. With this as the principal article of diet, convalescence was slow but steady and the recovery complete. A

letter received from the mother a short time since, states that he has not seen a sick day since they left Cleveland, which was in September last. A photograph accompanying the letter shows him to be a fat, strong, healthy boy.

Since then I have used beef prepared in this way in diarrhœa, and in the beginning of convalescence, with uniformly good results. I find it useful in fevers when the patient begins to complain of being tired of "slops" and it is hardly prudent to begin more substantial diet. In one case, fearing lest the name, "raw beef" should offend the sensitive stomach of my patient, I directed an attendant how to prepare it, and called it "beef jelly" under which name it is considered quite a delicacy.

Tabes Mesenterica. Ganglionitis Mesenterica. By William Owens, M. D.

What pathological changes do we find essentially present, in this disease? First, an irritation of the follicles of the intestinal mucous membrane. Second, extension of this irritation through the lymphatics and connective tissue to the mesenteric glands, inducing cellular hyperplasia, which in the third stage often terminates in cheesy degeneration, abscess and ulceration. The cause. Acute and chronic intestinal catarrh (diarrhœa,) most frequently the result of improper diet, but may also follow eruptive fevers or protracted bronchial or gastric catarrh. It occurs most frequently in scrofulous constitutions, though it may arise from the above causes in cases not so marked. It is said that children having light hair, blue eyes and fair skin, are most liable to this condition, but as children having temperaments apparently quite the opposite of these, are similarly afflicted; it is prob-

able they are not essential but merely predisposing conditions to the disease.

In the early stage it is very difficult to distinguish a simple catarrh from "tabes" or indeed to determine when the one ceases to be catarrh or assumes the character of "tabes" or "ganglionitis mesenterica;" but generally when the diarrhœa discharges have continued a long time, are copious, fluid or mixed with undigested food, preceded or attended with pain and hectic fever, with loss of flesh, strength and spirit, we may be very sure that ganglionitis has become established.

Occasionally we have constipation alternating with diarrhœa, the thinness of the discharge is dependent upon the amount of local catarrh, irritation or the ulceration present. Death frequently results from the ulceration or diarrhœa, but much oftener from secondary lesions of the pulmonary tissues.

In rare instances the cellular infiltration into the glands, causes such enlargement as to render them distinctly perceptible to the touch through the abdominal walls. While the enlarged glands of the periphery about the neck, axillary and inguinal regions give us a clear diagnosis of tabes mesenterica. Treatment:

As this is a morbid condition of the organ concerned in secondary digestion, the diet of the child should receive our earnest and earliest attention. We should limit or exclude all kinds of food that do not undergo at least a partial digestion or solution within the stomach. The first and most important article of this kind is milk, which, on account of the curd contained within it, is unfit for sick infants' food, the curd passes the bowels undigested and is a source of irritation. The whey of milk and wine or other readily assimilated articles may be used. Potatoes, corn, starch and arrow root, on account of their concentrated farinaceous properties are for the same cause objectionable, unless there is an abundant supply of lactic acid, which is not usually found in young children. Also all cooked meats in which the albumen has been condensed by heat. While raw fresh beef and juices of beef and beef tea, may be given freely. Most children will relish the

the fat of ham or salt pork and it may be given freely. But one of the most valuable substances for the nourishment of children thus afflicted is a tea made from the lean meat of lamb and veal, equal parts, say half a pound of each to one quart of water, stripped clean of all fat and membrane, cut fine and boil for two hours, strain and mix with equal parts of good thick rice water, add a little salt. If carrots can be procured, boil them with the meat: give of this to the child freely, as drink and food. The carrots may afterward be mashed and fed to the child with a little salt added or with Cod fish as potatoes are prepared. Keep the patient in the open air as much as possible, protecting it from the inclemency of the weather, dress it warmly with light soft and airy textures.

Medicines: *Calcarea Carb.* is of the first importance on account of the constitutional dyscrasia usually present and is of great importance; in the second place on account of its power over the processes of nutrition, stimulating absorption and assimilation and is a drug whose energy is expended largely upon the organs concerned in secondary digestion, promoting cell formation, and thereby arrests the process of disorganization, cheesy deposits and metamorphosis within the glands. Symptomatically *Calcarea* corresponds to the sufferings which arise from the use of milk, meat and crude and undigested farinaceous articles of diet.

Cal. corresponds to swelled glands of the abdomen, emaciation of body and especially the limbs with arrest of development of bony tissues, with increase of animal texture, swelling, softening and rachitic deformities, violent thirst for cold water, deficient or immoderate appetite, belching, nausea and vomiting, especially during dentition; diarrhœa ,stools, smelling sour or putrid, fermented or papescent, and also corresponds to the bronchial catarrhal, conditions that often attend or follow the third stage of tabes mesenterica and not unfrequently terminate in pulmonary lesions.

Asarum Europœum operates principally through the ganglionic nervous system upon the mucous membranes, inducing hyperæmia and increased secretion of catarrhal charac-

ter, causing gastric and hectic fever of low typhoid type. Stools scanty, yellow, mucus, with heat and debility, and glandular swellings.

Symptoms of *Causticum* are clearly marked and it has proven a drug of great value in this disease. But none will be found more important than *Mercurius Protoiodide*, which seems to correspond to most of the constitutional conditions, as well as nearly all of the symptomatic indications usually found present, even in the more advanced stages of this disease. *Mercurius* and *Iodine*, both very powerfully depress the organic nervous system, tending to arrest nutrition of all portions of the body, but more especially of the entire glandular systems, tending to induce softening and absorption of hyperplasia and lymphatic deposits within these structures. The drugs both have power to disintegrate and destroy all of the tissues of the body, by absorption and usually begins by the removal of the latest morbid products, as in the case of cicatrices of old wounds and deposits within glandular structures.

The lower potencies of this drug have generally been used and in this case would seem to be demanded, to secure its physiological effect as certainly and early as possible.

Silicea and *Sulphur* must never be forgotten in the treatment of this disease.

HOW SHALL WE CURE CATARRH?—It is our opinion that the secretion is nothing more or less than portions of disorganized blood-material which could not be converted into organic tissue; together with waste matter which should have passed out through the skin, kidneys or lungs.

Eating too much, taking too little exercise, sudden change of temperature, the use of food not properly adapted to the needs of the organism, eating to fast, breathing air which had been prebreathed, are all aids in the cause of catarrh.

Will a remedy in any quantity, given even by one of our Masters in Medicine remove this disease without he correct the habits of the patient?

By lack of proper health-education and being taught instead that faith and medicine cures better than temperance and labor, many prematurely pass into the long sleep of death through the influence of false medication and ignorant dependence on faith.

Whereas by living a reasonable and more complete life in accordance with the known laws of physiology and nature they would have been saved.

The physician who promises to cure catarrh with medicine and faith only, without correcting the bad habits of his patient, is a fair representative of that selfish class of doctors who are laboring so hard to cram "*State Medicine*" into the stomachs of the ignorant. Undertakers have a first class interest in such doctors.

An out door life, guided by useful labor and temperance, free from emotional and passional indulgences, independent of sectarian cares and idleness or depressing prayers, blind faith or medicine, will cure all curable cases.

Living a reasonable and physiological life is the only good life, by which we can keep clear from a providentially, premature death, and escape the false promises and robbery of a selfish class of doctors and priests whose God is a religiously medical mixture of egotism, pride and love of gain, who sacrifice their honor and love of the race, and the good of our noble profession, to the evil of deceit and their love of money.

Physicians should be teachers, not deceivers and drug-murderers of the ignorant and innocent.

Too noble and worthy is the calling of a true physician to prostrate it by false promises so priest-like and impossible to fulfill.

Catarrh can be cured best by obeying the rules and knowledge that makes every organ of the body do its duty according to its reasonable capacity and natural fitness.

Mental and bodily health is true goodness and happiness.—T. L. Brown, M. D. Binghamton, N. Y

Surgery.

Wry Neck. By E. S. Stuard, M. D., Covington, Ky.

This deformity is produced by the permanent contraction of some of the cervical muscles, especially the sterno-cleido-mastoid, causing the head to be twisted over to the corresponding side, while the chin projects in the opposite direction; and unless relief be soon afforded, the trunk is apt to suffer a degree of lateral incurvation, from a want of due balance at its upper extremities. This affection is most common in children under the age of ten, and some times makes its appearance soon after birth, some mothers affirm that it is occasionally congenital. This affection may arise from a variety of causes. The most common, are inflammation, disease of the cervical vertebræ, and paralysis of the muscles. It may also be produced by a constrained and unnatural position of the head in consequence of a painful and enlarged condition of the cervical lymphatic ganglions.

When the affection is caused solely by muscular contraction, a cure, under proper treatment, may confidently be expected. On the other hand, however, if the deformity is due to a complication of disorders, as organic disease of the spine or grave lesions of the nervous system, the probability of a cure is doubtful, and the sufferer may congratulate himself if he be benefited in the least. In the treatment of this affection, we ought to be regulated by the symptoms presenting, and the nature of the exciting cause. As regards internal medication, we have nothing new to offer. The surgical appliances, for the treatment of wry neck, are numerous and the most of them utterly worthless. Jorg's apparatus, among the older surgeons, bears quite a reputation, it consists of a strong band for the head, and a stout leather corset for the chest, these are connected by a steel rod, which is moved by a rack-

et-wheel, turned by a key, the mechanism being such as to allow the head to be moved to one side or the other at pleasure. The engraving accompanying this article, presents so many new and effective features, that we can not forbear giving the following description (taken from N. Y. Med. Record, July 17th, 1875.) in full.

This apparatus consists of a well padded pelvic band, *a*, to which an upright steel bar is attached at *l*, passing upwards along the spine to the upper dorsal region. A cross-bar, *c*, is

AN IMPROVED APPARATUS FOR TORTICOLLIS.
J. REYNDERS & CO., NEW YORK.

attached to its upper end, passing from one axilla to the other, and fastened to two crutches, *k*, fittting well under the arm. These are connected to the pelvic band by two lateral bars, *m*, which, by means of a slot and screw, can be raised and lowered somewhat at will. The part of the apparatus so far described is applied firmly to the trunk by means of straps passing over the shoulders and fastened to the axillary cross-bar at *c*, *c*.

A firm hold of the head is secured by a pad (sheet steel inside) reaching almost from the eyes backwards around the skull, with apertures for the ears, and fastened to the head by straps over the forehead and under the chin. To its back part a steel bar is riveted, *d*, which connects the upper part of the apparatus with that applied to the trunk. The lower end of this steel bar is ratched, and is adjusted in a slide at the upper end of the steel rod passing up along the spine, and held in a desired position by a thumb-screw, shown on the figure near the letter *h*. This connecting bar is intercepted by three different joints, *e*, *f* and *g*, by which flexion can be made in any direction, when worked with a key. At the point, *e*, rotation, at *f* flexion forward and backward, and at *g* flexion to the right and left, can be made.

The advantages of this apparatus over many others, lies in its characteristic point, namely, that firstly a firm hold is secured to the head and trunk, and that then the head can be brought in the proper position by a true and irresistible mechanism. When worn, it is almost entirely hidden by the clothing, and patients can not very easily withdraw themselves from its action.

Hydrocephalocele. By G. J. Jones, M. D., Prof. Anatomy, Cleveland Homœopathic College.

This is a somewhat rare disease. Encephalocele, or simply hernia of the brain, is more common, although this is not often seen.

The most common site for these malformations, is the occipital region, but they are occasionly seen at the root of the nose or at the base of the skull.

Many of our works on surgery do not mention this disease. Gross gives about a page in his admirable work to its consideration. He says: page, 121, "the size of the tumor varies from a small nut to that of a fœtal head, according to its age and other circumstances. The contents consist either of a

portion of the cerebellum of the cerebrum, protruded through a circular, oval or triangular opening in the skull; the edges of which are nearly always rounded off, and somewhat thinner than the adjacent bone. The coverings consist of the scalp, epicranial aponeurosis, dura-mater and arachnoid membrane. The form of the tumor is either spherical, oval or cylindrical; the affection is often associated with other malformations, as bifid spine, hare lip, cleft palate or club foot."

The case which these illustrations represent, was sent to my office by my colleague, Dr. S. A. Boynton, in the early part of June, last. The child seemed well formed in every respect, excepting she had at the root of the nose a tumor extending beyond the extremity of the nose, while sitting up, and drawing down her lower eye-lids so as to give her a very disagreeable appearance.

HYDROCEPHALOCELE—TUMOR RESTING ON LEFT EYE.

When she was born, six months before, the physician who was in attendance upon her mother, said the child would not live twenty-four hours; but he, like many other knowing doctors, failed in his guessing. She had nursed always, greedily, but the most of the milk taken had been immediately thrown off the stomach. Her bowels had been somewhat constipated. If not moved, she wou d lie for three or four hours on the bed, and seem to be asleep, but cried every time that she was moved ever so little. When she lay still the tumor rested on one eye or the other, completely covering it. The tumor

was at this time about the size of a large hen's egg, and much the same shape, the small end being at the root of the nose. There was a distinct sense of fluctuation, and when she cried the tumor would swell so as to be much larger than at other times. There was also a pulsation of the tumor synchronous with the heart's pulsation. The child's mother and grandmother, who were with her at the office, were very anxious to have something done for her relief. We gave her very little encouragement as to any improvement or recovery, but signified our willingness to do what we could for her. Two methods of treatment suggested themselves to us. One was the gradual drawing off of the fluid by the use of the aspirator, and then applying compression. The other was ligation and the removal of the whole mass. We readily understood that if too great a quantity of fluid was withdrawn at one time, thereby lessening the pressure too suddenly, death might ensue speedily, and the same result would follow to great compression on the tumor. We did not think there was any portion of the cerebrum in the mass, but we afterwards found that we were mistaken.

We finaly decided to operate in a few days by the first method above spoken of.

HYDROCEPHALOCELE—TUMOR RESTING ON RIGHT EYE.

Dr. Von Tagen, of this city, was called in, and fully agreed with us in our views. Two or three days after, accompanied by Drs. Sherwood and Parmelee, I repaired to the domicile of the patient, for the purpose of operating, but the drunken

father refused to give his consent, and we retired in disgust. On the 17th of June, they brought the child to my office, again determined to have something done. I called on Dr. Von Tagen and we made up our minds that ligation would be the most preferable mode of proceedure, as it would be almost impossible to apply compression to the tumor, which was so movable and had so narrow a base; the eyes and nose also being in the way

We then applied the ligature at the base of the tumor, after withdrawing a small quantity of fluid, (about 1½ oz.) with Dieulfoy's aspirator.

The ligature was not tightened at once, but some fluid was allowed to escape into the sack. The child was then taken to the Huron St. Hospital, and *Acon.* 3d was prescribed, a close every two hours. On the 18th the pulse was a little ful ler, and there was some fluid oozing from the opening made by the aspirator.

The ligature was then tightened so as to cut off the circulation in the walls of the tumor. *Belladonna* 40^{m} every two hours was prescribed. In the evening it seemed to be no worse. The tumor was quite black.

Soon after I left the hospital, the mother, in spite of the entreaties of the matron took the child home. It was over a mile to their palatial residence, and the poor suffering thing was taken there in a rough hack I sent them word that if they wished their offspring treated to bring it back to the hospital. They did so.

There were then some indications of meningitis.

The tumor being very dark and giving out an offensive odor. I removed it with the knife close to the ligature and then found that I had removed a small portion of the cerebrum which was included in the ligature. The same remedy was continued.

That evening I found the meningitis had increased, the skin being hot and dry, the pulse extremely rapid and feeble. I gave up all hopes of her recovery, and she died that night. No postmortem was held.

I understand fully that the treatment adopted in this case

is open to criticism, but I will say that it was instituted with very little hopes of recovery, although under the circumstances it seemed to be the best thing we could do. As such cases are seldom cured, I thought a history of it worthy a place in the pages of your valuable journal.

Materia Medica.

Electricity. By Wm. M. Detweiler, M. D. Read before the Homœopathic Medical Society of Ohio.

Electricity was first noted in *amber*, as far back as the sixth or seventh century, before the Christian Era. This singular property of amber was regarded as merely an isolated fact and not until the investigations of Dr. Gilbert, of Colchester, England, made about the year 1600 A. D., had any progress been made toward classifying these phenomena. He found that a large number of substances, when excited like amber, by friction, attracted light bodies, that their capacity of doing this was greater in cool dry weather than when the air was moist and warm, and that many others were apparently deficient in this property. The publication of his experiments directed the attention of other philosophers to the subject, and this soon became one of the most interesting and popular fields of scientific research. New discoveries were rapidly made, and, with every step gained, the subject assumed a greater importance, extending in unexpected directions so as to embrace phenomena of the highest interest to man; these investigations have continued for the last two hundred years, and at this day no subject is more worth study, or opens a more promising field for original research, than the bound-

less range of electricity. In medical therapeutics, its primary effects are decidedly stimulating. For many years, its therapeutical relation was regarded as little more than a diffusible stimulant, the effects of which passed away almost as rapidly as that of alcoholic stimulants. It is claimed by some, that it is anæsthetic, which is a question working much controversy. Know of Munich, Revilot of Paris, and others have maintained, that it has positive anæsthetic properties, while others of equal authority, claim the opposite. The truth seems to be that both parties are right, its slight anæsthetic properties are nothing more, however, than properly belongs to all stimulants; on this basis it was used for years by *scientific* men in the treatment of disease, before its permanent influence over nutrition was suggested. It is therefore not surprising, that its boundaries of usefulness have been so restricted and its proper place in therapeutics so little apprehended.

CHEMICAL EFFECTS.

Chemical or electrolytic action is more especially the province of the galvanic current. Rockwell says: "That the primary coil of a Faradic apparatus is capable of producing slight chemical decomposition and that even the secondary and tertiary currents are not altogether destitute of electrolytic power, hence you see that electricity applied in any way, will produce a chemical action, by virtue of which it is capable of decomposing both solids and fluids, resolving them into their original elements; it is this power of electricity, that is utilized in the discussion of morbid growths and in the resolution of tumors. Several years ago I had a case of effusion of the knee joint, following acute synovitis that promised to give me some trouble, after using a number of indicated remedies without any apparent success, electricity was finally resorted to, which, in a short time produced a radical cure to the great satisfaction of both the patient and myself. A case of induration of the mammary gland presented itself for treatment last winter. I first prescribed *Bell.* 30th, for one week, then *Carbo. An.* afterwards, *Conium Mac.* the improvement was very slow, it occurred to me that electricity might be ben-

eficial, which was applied as often as opportunity afforded, and in four weeks a radical cure was accomplished.

The physiological effects of electricity are common to both currents, but the galvanic is the most marked in its action. Their effects are on the process of secretion and excretion. It is to increase their activity and to modify their quality, a knowledge of these facts is indispensable in the consideration of pathological conditions, and their treatment by electricity is of great importance. It has been known to overcome urinary suppression of several day's standing, and the patient considered beyond the reach of medical aid.

The physiological influences of electricity on the capillary circulation, are very important, it is safe to say that it raises the temperature by increasing the flow of blood and dilates the vains.

Rockwell says: "That the physiological effects of electricity are evidentlv a resultant of both reflex and direct action, that its effects are partly and sometimes wholly reflex can hardly be doubted in the face of the clear demonstrations afforded in the clinical study of electro-therapeutics. Persons whose spinal cords are irritable or who are susceptible to electricity, will observe a tingling sensation and other evidences of disturbance in parts of the body, far removed from electric excitation. The circulation of one side of the body is affected, while the opposite side is being treated by electricity, and all the nerves are acted on both, reflexly and directly, it is not to be understood, however, that reflex supersedes direct action in producing electro-physiological effects. Mr. W. A., a business man of our city, of billious-sanguine temperament, aet. 48, a strong, robust, muscular man, has been subject to epilepsy for about 15 years, the attacks becoming more frequent. I was called to see him several times and prescribed such remedies as seemed to be indicated, but with little benefit. After consulting with some of his friends, he was advised to go to New York at once and consult Dr. Brown-Sequard with regard to his case, who examined him carefully and gave him the following prescription:

"℞ Potassii Iodidi—℥iss.
" Bromidi—℥i.
Ammonial Bromidal—℥ij
Potassii Bicarbonati—℥i.
Tincture Columbonis—℥iss.
Aqua Destillata—℥iv."

"S. a teaspoonful and a half before each meal and three at bed time." This was to be taken right along and in 20 days he was to take this prescription:

"℞ Strychnial Sulphatis—gr. i.
Acid. Sulphuri. oil.—m. xx.
Aqua Destillata—℥ iv."

"S. a teaspoonful and a half three times a day, after meals" for 20 days then leave off the *Strychnial* for 20 days then commence again for the same length of time and so on. Well the man improved for several months, so much so, that he became conscious when the paroxysms were coming on, but then you could perceive something unnatural about his walk and soon his left shoulder began to drop and his left hand and arm were becoming paralysed, and in several weeks he could scarcely walk and had to drag his left foot and in a few days he was compelled to remain in-doors. He began to lose his appetite and finally took his bed. I was sent for, and found him suffering from great nervous prostration, blood poisoning pulse 120, thin and wiry; thick, heavy white tongue on one side and natural on the other, drawing a line through the middle; the white having a red edge; suppressed urine with breath smelling like *Uric Acid*. I prescribed for him for several weeks with but little benefit, I then commenced treating him with electricity, using the galvanic current twice a day, and in 8 or 10 days my patient was able to sit up and improved much in every way. We continued the treatment and he soon began to walk, dragging his foot and he could raise his hand as high up as his shoulder; I had him go out in the fresh air and sunlight, and in a few months he could walk as well as ever, although not radically cured. He is still improv-

ing and has been under this treatment about six months.

There are two questions which would naturally arise here, first, what caused the paralysis? second, what medical agent in all that conglomeration of medicine taken are homœopathic to his epilepsy? In this case I used the galvanic current strong and at first it was scarcely perceptible to the patient.

ITS PATHOGENETIC ACTION.

Dr. Tooker, of Chicago, read a very interesting paper before the Academy of Homœopathic Physicians and Surgeons of that city, some time ago, in which he maintains, that it has not only chemical properties and not only the general properties of a stimulant, both of which belong to the crude and basic principle, *i. e.*, the galvanic current, but it has, besides, a higher and more important power than these, a dynamic power which gives it a sway over a class of diseases and morbid conditions which it *does not* possess and *can not* possess by reason of the properties named, because it is not inherent thereto. It is this power of any drug or medicine which embraces its efficacy in certain cases and conditions, by attenuation. He claims that electricity is potentized by coils, producing the different currents and it looks plausible, and that Dr. Kidder's battery, by combining various coils of which, one is enabled to obtain six different quantities of current, which have different effects, on muscular irritability, one current so weak in power as not to produce pain, but rather a pleasant sensation, will show flashes of light when applied to a closed eye with a wet sponge; another current when strong enough to produce pain, will show no light to the eye, and will not exercise the vital functions of the optic nerve, which shows that the currents vary in quality so as to produce different vital functions.

Rockwell refers to a case of Chorea of over a year's duration where there was no apparent improvement during treatment, but that rapid recovery followed its cessation. He also says that there was some muscular lameness that was caused by the mechanical action of the Faradic current. We can apply a galvanic current of medium quality and intensity over any

portion of the body, especially over the muscles. The first noticeable effect is slight spasmodic contraction, and if the current be increased in power this spasm will be more marked and rigidity will ensue resembling *tetanus*. The next noticeable effect will be redness and heat of the parts subject to its influence; the muscle feels sore and tense, and a drawiug pain is felt like muscular rheumatism. If applied to the lumbar region it produces distortion of the body, the hips are raised, and the shoulders lowered to relax the painful muscles, just as in lumbago; here we have a picture of one suffering from this affection; the symptoms are alike and I believe that electricity will cure it. Tooker says he has never yet seen the case of *recent lumbago* not speedily cured by electricity.

I think it can be fully relied upon in the treatment of muscular rheumatism. The only question is the requisite strength of the remedy which I am unable to *give* and experience alone can teach us this. I have not the experience to be able to give you such a paper on this subject as I desire, but you can rely upon this remedy in many diseases such as muscular rheumatism, cramps, chorea and spasmodic contractions. It has been known to overcome stricture when other means have failed and it may be useful in epilepsy and even tetanus itself.

THE examining court of humanity in its accumulating testimony confirms the scientific truth that attenuated remedies are far better than cruder forms of medicine. Large doses are now seldom given by the educated physician of any school of medicine, while the small dose is very common. Proper experience and observation will convince the faithful and verify the safe and certain use of either. Enough to cure promptly and permanently is the dose we need, be it large or small. *Believe* in no dose, but *know* as soon as possible which is best to uniformly use in daily practice.—DR. T. L. BROWN.

Physiology.

The Animal Body. By J. D. Buck, M. D.

Prof. Huxley, has recently made the very emphatic statement, that "the promulgation of the cell-thory has had as great an effect upon the physiological world, as the French Revolution had on the world of politics." The fact long since established, that the primordial structure of the organism as a whole, as well as that of its several parts, is a cell, is too often regarded as of importance to histology only, as revealing the ultimate parts entering into the structure; as showing how any given organ, or tissue is builded, while its more important bearing on functional activity is frequently lost sight of.

Externally, man has the appearance of a unity, but we need not push our investigations far before making the discovery that he is made up of many units, and that even the smooth envelope, the skin which covers the community of parts, is itself nothing but an association of elementary cells which undergo rapid and continuous change. Looking further we find organs and tissues making up the lung structure; the organs being composed of cells, the cells of molecules, the molecules of atoms. The body then must be considered as an association of parts, mutually related, each of which performs its essential function independently, while co-operating for a certain general result, leading, as Huxley terms it, a *quasi* independent life. The functions of an organ is but the combined expression of the several parts of which it is composed. Bile is separated by the individual cells of which the liver is composed, each of which must be regarded as a miniature liver, and so with all other organs. We find the body to be governed by organic laws, and laws of association. By the former we mean the laws of structure, determining the composition and maintaining the integrity of the individual

parts; by the latter, those varying effects arising from the interaction of the various parts, whether of a single organ or of an organ as part of the whole physical structure. Take for example, the liver, the heart, the lungs and the brain, separate structures, for the performance of special functions; look at them as partners in a stock co., the outward expression of the organism (temperament etc.) will be the result of the terms of association. Suppose the most equitable association to be that which represents their stock in order as named, a, b, c, d, *i. e.*, perfect health, the highest expression of energy, directed to the noblest ends. Suppose now the liver's stock, "a" be partially withdrawn, from whatsoever disease or from congenital weakness, the organism becomes sur-charged with substances undergoing a retrograde metamorphosis, the tissues are nourished from blood less pure, the brain becomes less clear and active, the skin becomes sallow, and the whole sum and character of the activities of the individual, becomes changed, "bilious." If the brain power be partially withdrawn a different effect ensues, and we are "nervous" etc., etc. Regarding the body as an association of parts, studying the functions of its several factors, intelligent observation may localize disease as dis-use or over-use of an organ, as a function elevated or depressed beyond "concert pitch."

The standard is to be adjusted in relation to the individual organism and not by an arbitrary rule applicable to all, and as two instruments of different tone and volume may be in harmony with themselves and with each other, so individuals must present harmony of parts, before they can become associated with others without discord. Society is to the individual what his own body is to its several factors. One instrument out of tune will spoil a whole concert of sweet sound; so one individual may put a whole audience "on nettles" and that individual may be "out of tune" only at one point.

What we all desire individually and in our associations, is harmony. As human instruments we are apt to get out of tune, our strings relax in bad weather, and we go scraping along without attempting to get in tune; or our attempts to restore harmony consist in pouring into the instrument all

sorts of nasty messes, under the impression that so harmony is to be restored; like filling a fiddle with water or oil to bring it in tune, when the fact is, there needs only an adjustment of parts, one string must come down, another go up, until the level of harmony is reached. The laws of health, are to the physician, what the laws of harmony are to the musician, and when every man becomes a musician, I suppose he will also become his own doctor, and dance to his own music, while he has neither fiddler nor doctor to pay or to thank.

Miscellaneous.

A Tribute.

On the first of January, 1822, there was born in the city of Speir, Kingdom of Bavaria, Gerhard Saal, the son of an humble weaver. At an early age he was sent to the public schools of his native place, where, by his extraordinary precocity, he shortly attracted the marked attentions of his superiors. In fact so great was the interest manifested in him by the head of the Protestant Consistory, Dr. Rusk, that he solicited the privilege of educating the young lad for the ministry, and in consequence we find him at the age of ten years, duly installed as a member of Dr. Rusk's family.

Three years pass and at the early age of thirteen he leaves his patron and marks out a course for himself. His extensive reading has infused ideas liberal in character, that, recognizing his unfitness for the pulpit of his day, he throws himself upon his own resources, and chooses the profession of medicine.

For nearly five years he was engaged with the duties of a private tutor and in attendance of the Lyceum where he prepared for the University. In 1840 he entered the University at Heidelburg, and began his professional studies. From Heidelburg he went to Wuerzburg and thence, having remained a year at each of the former places, to Munich.

Here again his superior talents commanded public recognition and he was made the stipendary of three hundred florins, which sum he received annually, passing a special examination each year, until he was graduated in 1846. Here too his liberal ideas came prominently to the surface and he was rewarded at the hands of the government with a public censure.

It was at the time when the student's Code of Honor made liberal provision for the settling of grievances by the duel. To rectify this evil and to establish a code more in unison with sound principles, Saal, with a few others, formed a society. But the lynx-eyed government looked upon this proceeding with grave suspicion, and, thinking that it had discovered in this society, a covert hot-bed of treason, ordered its dissolution and the public reprimand of its leaders.

After graduation, Dr. Saal went into the Hospital under the renowned Prof. Giedel, who, after his attendance of one year, requested that Dr. Saal be appointed his assistant surgeon. But no! The government had heard of the candidate's protestant proclivities and the appointment was refused.

Disgusted with a government which dispensed its patronage so conservatively, and seeing in this action the hopelessness of attaining the one object of his ambition, which was to fill a university chair, he left his country and came to America, having first, however, in August of '47, married an estimable lady of his native city.

The young couple took their wedding trip to the new world and in October, '47 located in Syracuse, N. Y., from whence after a residence of fifteen months, during which the doctor acquired the English language, they moved to Toledo, O. Finally in 1852 the doctor moved to Cincinnati, where he formed a partnership with the late Dr. Witherell.

For nine years he devoted himself to his profession with untiring zeal, when, in June, 1861, he responded to the call of his adopted country by enlisting as surgeon of the 28th Ohio Volunteers with which he served some three years, when he resigned and was re-enlisted as surgeon in the regular army and assigned to companies L and M, of the Third Artillery, with Gen. Burnside's command. Shortly after this he was ordered to Columbus, O., to take charge of the General Hospital stationed there. He remained till mustered out in 1865, when he received the appointment from the state of militia surgeon, which position he held until the office expired by act of Legislature.

After leaving Columbus, he resumed his residence in Cincinnati and engaged again in general practice with which he was occupied to the date of his last illness. During the years 1866 and 1867 he was a member of the School Board and rendered efficient service in introducing in the various school houses, improved methods of heating and ventilation, benefiting greatly the health of both the scholars and teachers. For three years prior to his disease he filled the chair of "Toxicology and Hygiene," in the Pulte Medical College.

Dr. Saal was a wide reader and a close student, his lectures teemed with information and none were more acceptable to the medical classes, before which he appeared during his brief career as a professor, than were his. As a citizen, an instructor, a philanthropist, as a physician and a friend; he was a man of sterling integrity. He was conscientious in the discharge of duty, fearless in the declaration of principles, and valiant in the defense of what he considered to be truth. And yet, with all these virtues, he was impolitic, even to the extent of making enemies; clear in his perceptions of truth, he frequently appeared dogmatic in its enunciation; enthusiastic in advancing its claims, he was not always conciliatory in opposing the views of others. Thus he often sacrificed a friend rather through heedlessness of speech than through intentional personalities, for few men have warmer hearts or kinder feelings towards their fellow-men, than had our departed friend.

Such in brief, is a sketch of the life and qualities of him, who, on the morning of the 5th of May, 1875, was summoned

"To join
The innumerable caravan which moves
To that mysterious realm, where each shall take
His chamber in the silent halls of death."

And although no church creed was engraven on the tablets of his mind, he went

"Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

C. E. W.

Skeletons. By the Editor of the Philadelphia Times.

"Everything nowadays," said Mr. Nash, as he ceased blowing through a flexible pipe of gutta percha into what looked to a newspaper man, who yesterday interviewed him, like a barrel that had been twisted out of shape, "everything nowadays is an article of commerce. [Mr. Nash is the anatomist of the medical department of the University of Pennsylvania.] Yes sir," he continued, "everything in this world seems to be business. Buying a coffin is business; chartering a steam boat for a pleasure excursion is business, and buying a dead elephant is also business. This (pointing to the twisted, barrel-shaped affair that he was inflating so that it could be dried) is the stomach of the Fairmount Park Menagerie elephant Empress. It is the first one that was ever dissected. Professor Chapman set his heart on having it, and here it is. Everybody supposed that all ruminative animals had four stomachs, like the cow, the camel and the llama. Our friend, the elephant, for the first time in the history of the science of comparative anatomy, etc., we find has but one. Look here," said Mr. Nash, exhibiting to us the dried stomach of a llama

that also had died at the Zoo; "see, here are four stomachs in one, and water cells in which the gentle little creatures could carry a supply of water sufficient to last them for two weeks." The preparations anatomically considered are very beautiful, the skin is almost transparent—entirely translucent. To the cause of science the possession of the defunct body of the elephant in question by the University is of great value. The membrane envloping the viscera is as large as an old-fashioned counterpane, is preserved unbroken, and is almost as dainty and delicate as Mechlin lace. The body of the elephant Empress had a money value, and so also (pointing to a human skeleton elaborately sand-papered, varnished and wired with brass) has that. The difference between men and terrapins is that the former carry their skeletons inside of them, while the terrapin carries his skeleton on his outside. This is true of all the genus *testudo*, and of many of the crustacea also. The crab sheds his skeleton. I've seen days here within two weeks," said Mr Nash, as he wiped his face with a spotty silk handkerchief, "when I'd have been right glad to shed my flesh and to do my work sitting in my skeleton alone. Things are a little dull now, Mr. Times, but two years ago I had more orders for skeletons than I could fill. You see there are numerous secret societies that require a skeleton as a part of their paraphernalia. I don't propose to name them, because I belong to nearly all of them; but they could no more initiate a novice into their organization without these emblems of human mortality than Cardinal McCloskey could marry a couple without a ring. Just now times are rather dull; very few new lodges are being formed. Working people in the country haven't means to form new lodges; and that gentleman (pointing to a skeleton hanging very comfortably by his left ear in a neat closet, otherwise full of glass jars) won't go to Carbon County as soon as I expected. I fixed him and wired him beautifully, as you see. His price was but thirty-five dollars, though in a general retail way, he is worth fifty dollars; the consequence is that, for the present, he will hang just where he is."

"Outside of the purposes of secret societies, sir, who want

these emblems to remind man that this sublunary world is but a fleeting show, of what value are these osseous remains?" "Why, country doctors generally like to keep a skeleton somewhere in a dark closet," was the reply, "where they keep their demijohn of applejack or old rye. Their wives, daughters or servants are sure never to visit it. If they take students they must have a skull, anyhow. No drawing or picture can reach or give an adequate idea of the anatomy of the head, and a back-country doctor pretty generally will strain a point to procure a skeleton entire. To patients upon whom he wishes to make an impression that is he particularly erudite and a dead shot at mumps or worms, he will sometimes exhibit this skeleton. Besides this, no doctor's house in which a skeleton was known to be kept, was ever broken into. It comes cheaper than keeping bull-dogs, and makes a man a reputation, besides."

"And the cost of a skeleton is how much, Mr. Nash?" "To lodges I furnish them for $35 each. They are not handled there, and are almost imperishable. For doctors the articulations require to be strongly wired, and $50 is what I get for one. Skulls are of more camparative value in porportion than the rest of the anatomy," said Mr. Nash. "I've often had bodies with no skull to match them. I have furnished skulls and cross bones to religious recluses, male and female, who wanted nothing else. There are societies, too, who buy skulls, and Iv'e sent them to such far and near. I had the body of the muderer Teufel, who was hanged at Norristown some years ago. A physician got his head. I mounted the frame, screwed the head of a negro upon it, and sold it to a back-country lodge of Knights of Pythias." "What became of the negro's body?" Oh, nobody cares; that kind of material is abundant. By the law of the Commonwealth the remains of all who die in it, unclaimed, are handed over to the colleges to promote the interests of science."

"How about the skeletons of infants, Mr. Nash?" asked the reporter. "You have them in the museum of your University. How is it that preparations so delicate can be dissected?" "They all come from France." said Mr. Nash.

"All that sort of things are produced abroad. They are necessary for us to have, but not an anatomist would be encouraged by any college in this country to prepare them. Skeletons of birds and small animals are prepared in the same way.

No human hand, even if working under a microscope, could do it half so well. The bird, or whatever it may be, is sprinkled with sugar and placed near an ant hill. In a few days nothing but the bone contained in it is left.

" 'Are these preparations expensive?' you ask, "very much so. A skull containing sound teeth, so dissected and sawed out as to exhibit the actual nerves and circulation, is worth two hundred dollars. All these things are as much articles of trade as boots or bonnets. They always will be so. Dull as times now are, I can not keep up," said Mr. Nash, "with the demand for skulls. The skulls of muderers somehow or other, very often very singularly vanish. The skull of Probst is in the museum of Jefferson College. Nobody there had any use for his bones. Any how they wouldn't have kept. They were soft, and the carcass went the way of all such flesh. Bone," continued Mr. Nash, "is curious—a queer thing, indeed, I may say, is bone. When I began this business they used to say that the skeleton of a dropsical person was the best for preservation, because the bones macerated in the water. But that isn't so. I had a lower jaw bone from which the teeth had been removed, and it made the neatest inkstand you ever saw. I got the dental process lined with metal, set it upon brass feet, and the upper part of the jaw made just as pretty a place to rest a pen-holder in as ever you saw. A half dozen of doctors wanted it, but before I could decide as to whom to consign it somebody stole it."

"Here's something interesting," said Mr. Nash, as he pointed to the skeleton of a big dog-faced baboon. "This fellow," said he, "was brought to me by Major Ingalls, very ill with pulmonary consumption. He took his cod-liver oil from me, and his orange afterward with all the submission of a child. I didn't expect to cure him, for his left lung was gone. Why, sir, these monkeys have comsumption just as we do, only what is worse in them, it is contagious." The skeleton of

this monkey was mounted in an erect posture. A pair of spectacles were upon his nose, and he was leaning upon a scythe made to suit his size. A miniature hour-glass in his hand made him a fair representative of Father Time. "A man who kept a bar-room near the college," said Mr. Nash "asked me to lend him that skeleton as a curiosity, and I did so. He was puzzled when that day, in constant succession, people who first called for hard drink immediately changed their order to cider or porter sangaree. It was well on to the middle of the day when, what to him had been an enigma was solved. 'Why, mister,' said a man who had ordered a drink of applejack, 'just you give me a glass of ale. That ere skeleton there kind o' makes me feel as though if I drank your Jersey lightning 'twouldn't be long afore I got to be jist where he is.' Ten minutes afterward the skeleton of the defunct ape was again in my custody."

What I gained by Observing. By S. R. Kirby, M. D.

The Doctor enters the room of the sick. He meets an ignorant class of people, in nearly every case *frightened*, else they would not have sent for him. One of the most learned of the household, as a generl thing, begins to tell the symptoms of the patient be he young or old, it matters not, the effects of the inharmony, or sickness are all paraded before the Doctor; and from that moment the patient looks up to him as to God,and has virtually placed his life in his hands. Then begins a series of fearful watchings in the household. Then too is heard the appeals, the dislikes, and the comparisons of the past with the present case, and the whole is weighed and measured by some things connected with the past. All this time the real God and nature have been shut out en-

tirely. The Doctor has taken the place of God, and all this time *fear* has been reigning over every organ of the body; fear of death, and if the patient be rich and has a position, still more powerful has been the sway of fear over his mind. The Doctor works along, following the chart of his education, and making special note of the action of his remedies—yet mistakes the patient's fear of death for confidence in him. The secondary effects of his remedies come up and make their appearance just as in other cases, and he is satisfied with his education; for mark, he has not reached or touched a cause of the inharmony or disorder of his patient, who passes along from one to another scene in the play; he being the victim or instrument upon which the concentrated magnetism of *fear* and education are at work. Then next to this stage if he be a man who has a sectarian wife or *vice versa;* the minister must be called in. Here fear again appeals to the mind; for says the good wife, "I could never forgive myself if my husband should die and did not receive the consolation of the Church in his last hours, and then, what would Mrs. Gundry say of our church. It will not do. I am neglecting a sacred duty." And accordingly the other god is sent for, and all the house put in order to receive him. Now again mark the effect, if the man belongs to the church, he must confess to his minister that he has lived far short of the letter of the church law and is sacredly bound to make some sort of confession to his priest; for he in turn is ready to say, "My dear brother, there is none that doeth good, no not one; and the *Lord* chasteneth whom he loveth," etc. Hence here is another general stirring up of all those effects which still heighten the *cause*, and the general result is confusion—unnatural conditions of mind and body, and the Doctor all at sea, without rudder, land mark or compass. The patient becomes worse, and the god in the form of the minister undertakes the case, first by inquiring; who is your physician? and if he be not a member of his church, or belonging to his denomination; then comes the final sweep and out goes all that has been done and ignorance again applies whip and spur to the same over acted organs and the

whole family, patient and all look to "our minister" as the only power that can save the dying man. All this time no note has been taken of the primal *cause* of the man's suffering; and the oh's! and ah's! of the family are all expressed in favor of the minister's goodness, while the Doctor has met with neither justice nor politeness at his hands, and the Doctor is left to the verdict of orthodox and sectarian charity; which heaven knows in place of setting its authority against the physician is none other than the immediate cause of the mischief. The time will come when the inspired physician will learn the cause of illness as readily as he can trace color, and instead of this blind attack at results, the secrets of the stomach, the heart and the soul will become apparent. Can that instrument whose strings are over drawn by the key of the ignorant times, always sing out a sweet concord? we say, nay. Can a man place a bar across the cords of the harp and by applying the key insist upon its harmony without removing the said bar? precisely the same with the human body; there can be no harmony of blood; no wholesome magnetism of thought, while the whole current of one's thoughts and ideas are held in abeyance to a few distorted authorities, and these authorities are just as much the cause of disease as are indigestible materials which are crammed into the stomach. Do these laws apply to hereditary diseases, such as scrofula, consumption, etc.? Yes, just as much as the family likeness and semblance belongs to its kind and kindred.

A Case. Cerebral Disturbance, Optical Illusions. By Mary A. B. Woods, M. D., Erie, Pa.

A young woman of 18 years, farmer's daughter, living a few miles out of the city; is bright and intelligent, has been a close student for the last three or four years, has taken up four

and five studies at a time, and for two years has applied herself closely to music and painting during the vacation, in fact has never been known to give herself any rest, since she set out on her school course. About two years ago she began to have a dull headache, such as school girls often have, very little attention was given to it until about six months ago it had so much increased and had extended to her face and teeth. She visited a dentist, had her teeth examined and properly treated, but the pain still increased and became unbearable, and she was obliged to leave her school and go home. From this time to the present, the pain has been most severe in the forehead and eyes, one spot in the center of the forehead just above the bridge of the nose, she describes as a wrinkle, this pain never changes only to greater severity when subjected to light and noise. She has to be kept in a dark room and very quiet, the light and noise increases the pain intensely. She is weak, does not set up any, is cheerful and hopeful, never frets or worries about herself; appetite passably good, slight constipation at times, menses somewhat irregular, but have yielded to remedies, her eyes are not inflamed; the sight is perfect. She will look at a picture or any variety of colors only for an instant and take it all in at a glance and is able to tell all the particular points in regard to it. She will describe the color and style of our dress when the room is so dark that we can not distinguish objects, and when the room is totally dark she sees all kinds of floating objects of all colors and forms; streaks of light, which seem to pierce the eye and cause a more severe pain if possible; then birds, flowers, ferns, flies, bugs, heads and horns, hideous faces; then, for a change, she calls for a slight ray of light for a moment, to expel this condition; and so day after day this continues, sleeps very little, perhaps on an average of three or four hours out of twenty-four.

Another symptom is extreme tenderness of the forehead, the skin has a puffy appearance, almost as if blistered, though not discolored, she often complains of severe pain in her limbs and other parts of her body, which, if continued any length of time, is followed by this same soreness.

Personal, Removals, etc.

KING'S FOUNTAIN.—THIS is a beautiful marble fountain erected by the King Brothers in St. Louis, capable of supplying 3000 gallons of ice water daily, and delivered from ten faucets, supplied each with a nickel-silver drinking cup, and all free as air to the thirsty multitude. Such a humanitarian project is worthy of all praise and universal imitation. It is the practical road to temperance. It is better than sumptuary laws and crusading against saloons.

DR. F. B. SHERBURNE, to Dayton, Ohio.

DR. J. C. FRENCH, late first assistant of the Cincinnati Eye and Ear Institute, to Greensburg, Ind.

DR. G. C. MCDERMOTT, to Williamsport, Pa., and will give his attention to the eye and ear.

DR. R. D. POOLE, a member of the first graduating class of the Pulte Medical College, died recently at Wilmington, Ohio, where he had located. He was a most excellent young man and of fine promise. His death is a loss to our profession.

DR. HENRY PEARCE, the widely known homœopathic physician of Green Bay, died after a short illness last May.

PROF. H. F. BIGGAR has resigned the chair of surgery and severed his connection with the Cleveland Homœopathic College. The Trustees passed complimentary resolutions and express regrets at his withdrawal.

A CAREFUL look at our advertising list will show how our business men view the ADVANCE as a popular medium for information. Our readers can easily find the best place to buy books, instruments and medicines, by consulting our list.

WE are greatly crowded this month and must delay valuable communications and notices of new books until our next issue.

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J. P. GEPPERT, PR.

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., OCTOBER, 1875. NUMBER 6.

All business communications, relating to the MEDICAL ADVANCE should be addressed to DR. T. P. WILSON, 223 W. Fourth St., Cincinnati, Ohio.

A PHILADELPHIA doctor, who is some thing worse than impecunious, having taken the Advance two and a half years, refuses to pay our bill; but offers "to send the numbers back C. O. D." We have written to enquire if he intends collecting the subscription from us or if he has charges for reading our journal. We feel anxious, for the novelty of the thing unfits us for decisive action.

HOW TO RUN A HOMŒOPATHIC HOSPITAL.—Elsewhere in the present number may be found a very readable article by the Editor of the Medical Record, of New York, (allopathic). Such statements would have been impossible a few years ago. No journal of that school would have dared to enter so generous a plea in behalf of Homœopathy. We can readily forgive the writer the great injustice he does the homœopathic school in the matter of diagnosis in view of the remarkably honorable position he has taken on the question of according our school its just rights. It may be, necessity has become to him a virtue, but it is virtuous all the same. Now let us assure him that his ideas of the diagnostic abilities of "the hom-

œopaths" are just as untenable as his former notion that they should not "have a chance to practice their peculiar doctrines"; and "the sooner" he "can correct any such impression the better able will" he "be to combat error on the common ground of reason and the broad platform of enlightened liberality." It has never been claimed by the Homœopaths that in matters of diagnosis and pathology the Allopaths were their masters. How absurd this would be when we well know a large proportion of the Homœopaths hold diplomas from allopathic colleges which certify that they are skilled in these departments of medical science. Now the fact is simply this; *as a school* the Allopaths have pursued diagnosis and pathology as a specialty; while, *as a school*, the Homœopaths have made a specialty of materia medica. But as between individual members of the two schools we have never acknowledged that any superiority existed, and from the simple fact, if our practitioners have not been taught these things in allopathic schools, they have been taught them in homœopathic schools; and if these allopathic gentlemen should seriously propose to do the diagnostic work for these New York Homœopaths, they would suddenly find themselves adorned with a mansard roof. We have always been ready to acknowledge our indebtedness to our old school brethren for their valuable investigations in pathology; and what is more we have always promptly appropriated whatever knowledge of that sort we could obtain, as was our undeniable right; but any assumption of superiority in the use of that knowledge we have always denied and do still deem sheer impertinence. By parity of reasoning, the New York Homœopaths might as well propose to do the prescribing at the allopathic hospitals. The allopathic doctors have always confessed that they had no law to guide them in the administration of medicines. The Homœopaths have such a law, and the patients would not only "lose nothing," but gain every thing "by allowing us the privilege" of prescribing for them. In this way, gentlemen, we can settle "the controversy which has lasted altogether too long."

A CURIOUS chapter is furnished by our Health Officer in his last annual report. Under his charge are forty-one district physicians all of the old school variety, and among the best and most intelligent of that class. Yet these gentlemen have need of such a lecture as this read to them. "Another cause of the heavy expenditure (Total $56,281.43) in this department arises from the giving of costly prescriptions when less expensive ones would be equally efficacious. If district physicians were to study the art of prescribing as much as they do the art of healing, they could greatly lessen the cost of medicines furnished the indigent sick without changing the quality or lessening the quantity of the remedies ordered." The Doctor slaps the physicians and the druggists both in the face. He knows they need it.

Animal Magnetism, As a Therapeutic Means. By W. L. Fleming, M. D. Read before the Homœopathic Medical Society of the County of New York.

The term Animal Magnetism has been applied to a subtle force existing in man, which, it was discovered during the last century, was capable of producing upon certain persons, especially somnambulists, effects similar to those produced by the magnet; hence the name; Animal Magnetism.

Although much has been said and written upon the subject of Animal Magnetism, and it is generally admitted that such a power resides in man, yet, there are not wanting those, who, while laying claim to intelligence and learning, deny *in toto* the existence of any such force.

Not only are the deniers of Animal Magnetism to be found among the people; (as distinguished from the schools of Science and Medicine) but among scientists as well; and by far too frequently in the ranks of the medical profession, to whom of all others the subject most strongly commends itself. This is not as it should be, for medical science has not yet attained such a degree of perfection, as to render unnecessary the investigation of still further means of cure; far from it: and it is a duty the medical profession owes, not only to itself, but to those whose health and whose lives are confided to its care, that every means which promises to contribute to the greater efficiency of our present therapeia, should be carefully and diligently investigated, and, if proved worthy should be accorded its rightful place.

Why the prejudices of the medical profession should, for so long a time, have deprived it of the aid of this most valuable agent in the cure of disease, is a question most difficult to answer; yet such is the fact; and it redounds little to the credit of the profession, that, to this day, so far as it is concerned, the subject remains uninvestigated. Nay, more; when the subject is broached, or the physician is consulted by some confiding patient as to the advisability of employ-

ing this means, it is generally dismissed with a sneer and the usual epithets of humbug, delusion and imagination. This manner of dealing with a subject of such vast importance to the sick, certainly is not scientific. It is not rational. Is it thus we receive the discovery of a new drug, or some new method of operation in surgery? Not by any means. The drug immediately goes through the proving process, and the surgeon anxiously awaits the opportunity to test the efficacy of the new method; but this force, which is potent where drugs fail, and which promises in many cases to dispense with the necessity of surgical operation, is neglected and ridiculed, when it should be gladly received and cherished.

There is also another class of deniers, who, while they employ the Animal Magnetic force in the treatment of disease, ascribe the valuable results accruing therefrom, entirely to the method of application, namely, Manipulation. They claim that the benefits derived from this therapeutic means are solely due to the mechanical effects of the treatment, and scout the idea of the action of a vital element. While manipulation is, of itself, undoubtedly beneficial, yet, by this means alone, we can not account for the very marked effects so often produced by this treatment; and where mechanical force alone is employed as a remedial agent, as in the movement cure where machinery takes the place of the hands; though the action is much more profound and thorough, I have yet to learn, that it has accomplished such valuable results as have been obtained by the hands. But aside from all this, there is ample proof to show, that to manipulation alone is not due, all of the beneficial effects of this treatment. I have myself treated many cases of an inflammatory character, including acute rheumatism, where ordinary manipulation was, at first, impossible owing to extreme sensitiveness; but where, by holding the hands lightly over the inflamed part, the sensitiveness has been gradually diminished until full manipulatory action could be carried on with but little or no suffering, and, I am happy to add, in nearly every such case, so far as my memory serves me, the relief has been prompt and permanent. I have frequently dispersed boils, and in one case a

large carbuncle, situated in the popliteal space, and which had progressed well toward suppuration, by holding the hands upon them, and using very gentle manipulation. In one instance, where a patient had submitted to a surgical operation for the removal of a duplicate thumb, and was suffering intense pain, I succeeded in entirely relieving the pain for six or eight hours, by slowly passing my hand, ***without contact***, two or three times from the thumb toward the elbow; when, at the end of this time the pain returned, I repeated the operation, and the patient suffered no more during the healing process. Again; in the case of a phthisical patient, who had long suffered from an obstinate constipation, and had been in the habit of using enormous doses of purgatives to obtain even temporary relief, I simply administered, once a day, magnetised water; and in two or three days, a natural and easy movement of the bowels was obtained; a condition of things which the patient had not before experienced for several years. My method of magnetising the water was as follows: I held the glass containing the water (as much as the patient desired to drink at one time) in the palm of the left hand; and placing my right hand over, and a little above it, with the fingers converged and pointing down; maintained this position from three to five minutes, when the water was sufficiently charged to be administered.

And still another instance, I can give you from my own experience, clearly demonstrating the existence of some peculiar force, capable of exerting a powerful influence upon the human body, without the intervention of active manipulation.

A gentleman who was visiting at my house, and who had himself experimented considerably with the Animal Magnetic force, at my request permitted me to try an experiment upon him, which I will here relate. Desiring to ascertain to what extent the nerves could be affected by this force alone, and if it were possible by this means to produce local anæsthesia I placed him in as easy a position as possible in one chair, with his leg upon another directly in front, and in such a position that there would be no under pressure at any one

point. I then made a few passes, over the boot and clothing without touching, from the foot toward the body, and then, with my hands encircling as nearly as possible the limb above the knee, but without contact, I concentrated my will upon this point, with the intent to cut off if possible the nerve supply, from below this point. After holding the hands thus for a few minutes, he complained of a prickling sensation, which contiuued for a short time and then ceased. I continued holding the hands in the same position for about fifteen minutes; at the end of which time the leg was completely anæsthetised. There was neither feeling nor motion in it; and it remained in this condition until I made a few passes downward, when the tingling process was gone through with again, and the leg was gradually restored to its normal condition.

Is there nothing in all this then to prove the action of some force independent of mechanical effect? It certainly seems so to me, and I could give many more instances, within my own experience, all tending to demonstrate this fact; and enough evidence of this kind could be obtained from others, if needed, to fill a volume. But the strongest and clearest evidence in support of the existence of Animal Magnetism, and that the phenomena resulting from its application are due to a fluid or (imponderable power or influence) is to be found in the researches of Baron von Reichenbach on Magnetism, etc. The testimony of this author upon this point, from his name and standing as a scientist, can not fail to carry with it great weight. Dr. Gregory, the English translator and editor of his work, in his preface, says of him:

"The qualifications of the author for such an inquiry are of the very highest kind. He possesses a thorough scientific education, combined with extensive knowledge. His life has been devoted to science, and to its application to the practical purposes of mankind. He is known as a distinguished improver of the iron manufacture in his native country, Austria. He is a thorough practical chemist, and by his well known researches on Tar, has acquired a very high position, But in geology, physics and mineralogy he has been equally active.

In particular, he is the highest living authority on the subject of meteorites or aerolites, of which remarkable bodies he possesses a magnificent collection. Of his knowledge on this subject, good use is made in this work."

"But these are not the least of his qualifications. He has a turn of mind, observing, minute, accurate, patient and persevering in a rare degree. All his previous researches bear testimony to this; and, at the same time, prove that he possesses great ingenuity and skill in devising and performing experiments; great sagacity in reflection on the results; and, more important than all, extreme caution in adopting conclusions; reserve in propounding theories; and conscientiousness in reporting his observations. He has been found fault with for too great minuteness of detail; but this fault, if in such matters it be a fault, arises from his intense love of truth and accuracy; a quality which, when applied to such researches as the present, becomes invaluable and can not easily be pushed to excess."

"It therefore appears that Berzelius, who well knew the value of the author's labors, was right in saying, that the investigation could not be in better hands. Having myself been familiar with the author's writings, and in frequent correspondence with himself for twenty years, I have here ventured to add my humble testimony to that of the great Swedish philosopher."

I shall now proceed to give you the evidence of Reichenbach upon this force.

"And now our investigation has brought us to the portal of what is called Animal Magnetism. This *noli me tangere* we shall now be able to seize. When I made a few passes down with a magnet the person of Mlle. Sturman from head to foot, she became insensible, and was attacked by spasms, generally rigid. When I performed may passes *with my large rock crystal* the result was the same, *But I could also produce the same effect by using, instead of the magnet or the crystal, my hands alone. The peculiar force* (we shall call it *crystalline*) *found both in magnets and in crystals, must therefore also reside in my hands.*"

"In order to test this more fully I tried the experiments which I shall presently describe. If this were the case, the force residing in my hand must produce all those effects which the crystalline force is capable of producing, as described in the preceeding treatise; I could conclude as to difference or similarity, according to the degree of resemblance in the properties observed. It was, first of all, necessary to ascertain whether there existed a co-incidence, and to what extent, between the action of the crystals on the healthy or diseased sensitive nerve, and that of the human hand on the same reagent. When, in the case of persons sufficiently sensitive to perceive distinctly the passes made with a large crystal along the inner surface of the hand, I drew along the left hands of the patients the points of the fingers of my right hand, turned laterally, so that one finger followed the other, and all passed over the same line, which was drawn from the wrist down to beyond the point of the middle finger, there was not one among them who did not perceive the effect, exactly as from the point of a crystal. It was generally described as a cool aura, more rarely as a tepid aura; and was not only as powerful, but usually considerably more powerful than a crystal.

I need not here speak of the diseased subjects, since all of those I have hitherto mentioned, perceived the effect with the same singular distinctness with which they felt, as a general rule, every magnetic pass; and Mlles. Maix and Nowotny were even able to distinguish the effect of each finger separately. But there were but few healthy persons who were quite sufficiently sensitive for this re-action. Indeed, some of these, who only felt indistinctly the action of the crystals, perceived that of the fingers, used as above described so plainly, that they could always point it out while the eyes were averted. I am permitted here to refer to my friend M. Carl Schuh, who is a strong healthy man and perceives the action of crystals with unusual distinctness. When, to make assurance doubly sure, and contrary to my own rule, I blindfolded him, and made slow passes with the fingers of my right hand, as before described, over his left hand, he experienced so strong and distinct a sensation, analogous to that produced by a

crystal, that he could distinguish each individual pass, and was able, for example, at all times exactly to tell when I had made exactly two-thirds of the whole pass. M. Studer, already mentioned, also perceived this quite as plainly, as well as numerous other persons, among whom I have permission to name one of the finest, most powerful and hardiest men I have ever seen, who has traveled through Persia and Kurdistan, and twice penetrated from Egypt into the heart of Africa; who is therefore a rare example of iron health and strength of constitution, namely: M. Kotschy, who accompanied M. Russegger in part of his travels. He perceives the effect most distinctly when the temperature of the air is agreeable, and less distinctly when it is cold. *The fingers therefore act as on the sensitive nerve, exactly in the same way as a crystal of middling size.*"

I compared the two forces with reference to their conductibility. I caused Mlle. Sturman to take hold of one end of a rod of German silver with her right hand, taking care previously to avoid touching it myself. I allowed her some time to become accustomed to the sensation caused by the rod taken alone. I now placed on the other end the points of the fingers of my right hand, which were rather moist. She instantly perceived a warm sensation, and this passed upward as far as the elbow. I now added the fingers of my left hand; the sensation became much stronger and reached to the shoulder. I removed my fingers; the sensation rapidly diminished, without however instantly disappearing. I next attached and removed my fingers alternately; the sensation kept pace with the changes, increasing and diminishing regularly On another occasion I requested Dr. Lippich to do the same; his fingers produced exactly the same effects. I tried the same experiments on Mlle. Maix. I caused her to take hold of one end of the same rod, and, after a short interval, I first applied five then ten fingers to the other end. The warm sensation was instantly perceived; and it rose and fell as I applied or removed the fingers. With the whole ten it was so strong as to pass through the whole arm and into the head. I begged her physician to try the same experiment. He did so

with the same results; only, although he was ten years my junior, the effect produced by his fingers was distinctly less powerful than that caused by mine. Father Lambert, the confessor of the patient was accidentally present, and I begged him also to try. She found his fingers as powerful as mine. The nurse of the patient, Mlle. Barbara Pschial, also made the trial. Her fingers caused similar sensations, but much more feebly than that of men. I repeated these experiments, substituting for the rod of German silver an iron wire, about five feet in length. When one end was held by the patient and I applied five fingers to the other, the patient perceived a current of decided heat; and with my ten fingers the sensation was stronger. It always quickly disappeared when I dropped the wire out of my hand. This fact was controlled by frequent repetitions. I next caused the sister of patient, whose nervous system was also in some degree diseased, to apply her ten fingers to the end of the wire. The effect produced was strikingly feeble. The fingers of another female were added to hers; the effect was sensibly stronger; but the whole twenty fingers together did not produce nearly as much effect as my ten fingers alone, although I have long been gray and bald. I tried also a copper wire nearly ten feet in length. It conducted the force, but less rapidly, and somewhat more feebly than the iron wire. The same experiments, with many variations, were repeated with Mlle. Reichel, and with similar results. The action was very powerful in the case of Mlle. Atzmanusdorfer; even Mr. Studer in perfect health was so sensitive, that he perceived quite distinctly the action of my hands through metallic wires It follows from all these experiments, *that the force derived from the human hand may be conducted through other bodies, exactly like the crystalline force, and that such bodies are conductors in the same way for both forces.*"

"I now wished to try whether bodies could be charged with the force from the hand. I began with Mlle. Sturman. I laid the German silver rod near her, and allowed it to lie for a quarter of an hour. I then begged her to take it in her hand, and thus to become accustomed to the sensation it

might cause. After doing so, she laid it down; and then I took it in my hand for some seconds, and laid it down. When she took hold of it, she felt warm, and so strangely charged, that the well known sensation, caused under similar circumstances by crystals rose through the hand as far as to the elbow. This was, of course, repeated, with many variations, for the sake of control. Her physician, Dr. Lippich, made a similar experiment. At my request, in another room, he took into his hands for a short time one of two precisely similar porcelain saucers, not touching the other. They were now presented to the patient, who, with the greatest facility and accuracy, distinguished that which had been held in the hand from the other. After about ten minutes, the effect was dissipated, and both saucers felt alike. The experiment with the rod was soon after repeated with Mlle. Maix in the same way as above. It yielded the same results; the rod was charged by my fingers, and the charge which Mlle. Sturman had felt for five minutes, was perceived by the more sensitive Mlle. Maix to the last, gradually diminishing for twenty minutes. In both patients, the sensation was the same; one of warmth, rising into the arm and coinciding exactly with that caused, under similar circumstances by the rock crystal. I observed the same phenomena, some months later, in Mlles. Reichel and Atzmanusdorfer. The most surprising result is that obtained with a glass of water. If it be taken in one hand, and grasped below by the fingers, and if this be continued for about ten minutes, it then possesses, for sensitive patients, the smell, the taste and all the well marked and curious properties of what is called magnetized water. Those who have never examined the matter experimentally, may exclaim irrationally against this. I was formerly myself one of this number, but all those who have tested this fact by experiment, and witnessed the effects, as I have done, can only speak of it with astonishment. The water thus changed which is exactly similar to that treated by magnets or crystals, has, therefore, received from the fingers an abundant charge of the peculiar force residing in them, and retains it for a considerable time. I could, after a time, produce similar effects on all pos-

sible substances, by holding them for some time in my hand. The patients, who had tried them all before I touched them, now perceived in all of them the same change, as if they had been stroked with the poles of magnets or crystals; and this, whether they knew of my having touched the objects or had been kept in ignorance of my having done so. It follows plainly from all this, *that bodies may be charged with the force residing in the hands, exactly as with the crystalline force.*"

"In this comparative investigation, however, the luminous phenomena, which I have now to describe, from, both literally and metaphorically, a brilliant point. One day, when I was observing Mlle. Reichel, who, after severe spasms, when in a sort of half sleep, with closed eyes, was playing with the magnetic flame, an amusement in which she particularly delighted, I introduced my outstretched hand in the dark, between her and the flame. She instantly began to play, as before, with my fingers, and to speak to the bystanders of five little flames, which jumped about in the air. She did not notice my hand, but took the motion of my fingers, at the points of which she saw little flames, for a spontaneous dancing of the flames. All those who were present now held up their hands, and asked whether five could possibly also be flowing from their fingers. The flame was visible to the patient on the hands of every male person present, more or less brightly; but not one finger of a female had sufficient light to show a flame, and exhibited at the utmost a feeble glimmer. This was even the case with her own fingers. As long as her illness continued, these experiments were often repeated, in order to amuse he after her fits, or for the gratification of many other persons. But when she had recovered, it was found that she had the power, which still continues unchanged, of perceiving, not only during her illness, but also in the intervals of apparently strong health the magnetic flames, the light in crystals and the flames on human hands, if the room were only dark enough. Nay, it appeared that she had possessed this power from childhood. When a child, her mother had been often obliged to raise her in her arms, that she might convince herself that there was no fire pro-

ceeding from nails and hooks in the wall, as she often spoke of such appearances with exclamations of wonder. There were even two of her brothers and sisters, who, in the same way, saw every where luminous appearances, where other persons could see nothing. Now, while I am writing this, Mlle. Reichel daily assists me in researches which I am making in this direction, on electricity and magnetism; and we shall see at a future period, from my reports, to what conclusions they have already led and will lead. I was thus enabled, with the aid of this sensitive, patient to study in the most sober and comprehensive manner, and for a long time, the luminous phenomena seen on the human hand; an investigation which I still daily pursue."

"Experiments with Mlle. Atzmanusdorfer gave essentially the same results. But she saw the flames of a larger size. While Mlle. Reichel, in her peculiar degree of sensitiveness, described them as being from 0.8 to 1.2 inches in length, Mlle. saw them in the dark from 2 to 2.5 inches long, that is, almost as long as a finger. Mlle. Reichel made drawings of these beautiful appearances, which I shall give in one of the subsequent parts of this work. The fact established by several observers, *that fiery bundles of light flow from the finger-points of healthy men, in the same way as from the poles of crystals, is sufficient for my present object.*"

Here, then, we have the most conclusive evidence, of the existence in man, of the peculiar force called Animal Magnetism, and also that it is *conductible*, and can be *imparted* to all substances. This testimony is all the more valuable, as the facts here stated, can be verified at any time, by all who may choose to investigate the subject. How ridiculous, then, in the face of such testimony as this, are the denials, of those who assume to pronounce upon the subject, without in the least having qualified themselves so to do.

As a therapeutic means, this force has every reason to recommend it to the physician. While it in no way interferes with the action of a drug, it is efficient where drugs most conspicuously fail; and, as an auxiliary to surgical and medical treatment, it will, when better understood, fill a need that has long

been felt. For instance, in those cases where surgical interference is necessary, and yet where the condition of the patient is such as to render an operation unsafe, there is no other means that will so quickly impart vitality, and that will tend so much to insure a successful result as this. And in those adynamic diseases, where the enfeebled system fails to respond to drug action, this force will prove most valuable.

While the Animal Magnetic force has proved efficacious in both acute and chronic diseases, it is in the cure of the latter that it has achieved its greatest success; especially in the treatment of this class of maladies, it is destined to form an important part of the therapeutics of the future; and in those diseases which have proved the least amenable to ordinary methods of cure, it will be our chief reliance.

In the treatment of that fearlful and mysterious disease insanity, I believe that this force is yet to play an important part. Although my experience in this direction has been limited, and I can not speak with that degree of confidence regarding its efficiency in this, as in other ills to which flesh is heir, yet the results so far attained seem to warrant its thorough trial in this disease. Of the few cases of mental disorder which I have had occasion to treat, during eight years employment of this means, one only afforded me the opportunity to continue the treatment a sufficient length of time to be considered a fair test of its merits. In this, a case of melancholia,—reported in a former paper—of several years standing, in which other means had failed, the treatment was applied less than two months, and resulted in complete recovery.

In those diseases occurring in scrofulous children, which generally result in deformity, Animal Magnetism is pre-eminently qualified to take the lead of all other modes of treatment; and I think I may truthfully assert, that in the majority of cases of this kind, deformity may be entirely prevented if this treatment be applied in time.

In order to demonstrate the action of this force, in this class of troubles, I will here briefly cite a case.

Charlie B., aged five years; suffering from Potts disease of the spine, and white swelling of the knee. Various methods

of treatment had been unavailingly employed in his case, and he was rapidly growing worse. When brought to me, for treatment, he was fast losing flesh, had no appetite, was peevish and irritable. Examination revealed some curvature in the lumbar region, and spinal abscess. The right knee was considerably enlarged and very sensitive. The leg was flexed so that the toes scarcely touched the floor when standing, and motion exceedingly painful.

After a few treatments there was marked improvement in the appetite, and he soon began to show evidence of returning bodily health. The improvement rapidly continued; and although he wore no brace or support for the spine, the destructive process was arrested, the abscess gradually healed, and in a short time the spinal trouble was entirely cured. It is now nearly five years since I treated this case, and the friends of the patient (who live out of town) inform me that there is no trouble or deformity of the spine, so far as they can perceive. As the treatment was discontinued at the end of nine weeks, the knee, though much improved, has not been cured, as I believe it would have been, had the treatment been persisted in.

I could cite many cases, showing the value of this force in various diseases; but the limits of this paper will not permit. I will merely state, that by this means, I have cured quite a number of cases of paralysis, nervous affections, and numerous other forms of disease coming under the head of chronic. Many of these cases having first tried the ordinary method of cure without success.

The results attained by this force in those diseases incident to women, *especially* entitle it to the consideration of the profession as an auxiliary treatment in such cases.

To conclude; Animal Magnetism is a *scientific fact.* If it be not a fact, "then do no facts exist in any department of science." That it has proved itself a most powerful therapeutic means, is also a fact. Such being the case, the duty of the medical profession in regard to this matter is perfectly plain.

General Clinics.

CHRONIC DIARRHŒA CAUSED BY ULCERATION OF THE BOWELS.—It is remarkable that so few cases of failures to cure are ever reported, while all are willing to have their good works known. If we could learn the facts connected with unsuccessful medication, we could often profit by a knowledge of the failures. The case I am about to report is an illustration of the benefit thus derived, and was the means of curing a very obstinate case.

C. B., aged 24, had been afflicted with chronic diarrhœa for seven years. Stools thin, mixed with sanious pus, and passing on an average every two hours during the day and every four at night. He was pale and emaciated; appetite poor, and unable to transact any business.

During this long period mentioned he had been treated by astringent and opiate injections, and by taking such medicines as are usually given. His physicians were many and skillful. In November, 1874, he was placed under the care of a good homœopathic physician who gave, in my opinion, the most usually successful remedies we possess. For several months he attentively observed the rules of diet given him and faithfully took the medicines as ordered. This like all previous treatment had no effect in controlling the disease.

In April last he came under my care, and from the failure of all previous treatment I concluded that he had ulceration of the transverse colon. I would not be understood to state this as the only reason for forming such a diagnosis, yet the symptoms were very obscure. I passed a rectal bougie through the descending colon without unusual pain. As it was travelling along the left portion of the transverse colon he screamed from violent pain produced by the instrument. It was immediately withdrawn, and the eyes were found filled with pus and blood. We now had verified our previous

diagnosis, and reintroduced the bougie to the point of ulceration and injected

Argentum Nit. grs. x
M. Aq. pura ʒ i

This injection was continued twice a week (varying in strength with the addition of *Morphia* when it produced severe suffering) for nearly three months. The patient's improvement was gradual and at no time interrupted. He took numerous remedies during the time, and the only benefit observed were from *Argentum* 3d and *Hamamelis*, the latter was given in the last part of the treatment, and I am unable to say how much benefit was derived from its use, yet he always stated it helped him. I am aware that some of the readers of the Advance will say that the patient could and should have been cured by the proper selected remedy; others will say that he was cured by some one of the medicines given. As to this I have nothing to say, it being my first cure of such an ulceration, and in fact the only one I ever saw that did not follow the prognosis given by the different attending physicians, viz: consumption of the bowels and death. I feel well satisfied with the result and confident that I could not have selected any better remedies than the physicians who previously prescribed for him, and shall leave the knowing opinionist to enjoy his opinion so often freely given without an examination.—S. R. Beckwith, M. D.

Case I.—Hemicrania.—Mrs. N., suffering with this distressing form of headache, found her symptoms daily growing worse and painful. Her medical attendant ordered *Quinine*, in large doses, but with no perceptible effect. *Bromine* 6th was given, for one day only, and all trace of the hemicrania was gone. I have often given the *Bromine* in cases of hemicrania effecting the left side, only, and have yet to find the first case that was not relieved by a single dose, if given as high as the 6th. If pain is on the right side, I have never seen the first indications of good resulting from the use of *Bromine*.——

Case II.—Constipation Extraordinary.—Mrs. S. placed herself under treatment for leuorrhœa. An examination of

the case showed that she had not had a passage from her bowels for four years, without the assistance of a cathartic. She was advised to stop all medicine and to take wheat brandy, one teaspoonful after each meal. At the end of thirty days she reported her constipation cured, and to my surprise her leucorrhœa had entirely disappeared.——MORAL.—Nature cures and the doctor gets the credit.—E. C. BECKWITH.

THE FEVER DEVIL.—In former years this town was renowned for malarial fevers, but a wonderful change has been brought about by a thorough sewerage and filling up of low places. We still have some fevers, but they are of the meanest kind, different from any thing I ever met with before. They seem to be a conglomeration of all the fever devils into one, mean, sneaking, unwilling to give up, head devil, full of backache and headache. For convenience sake I will call him the *Toledo Quinine Devil.* Do You know of any thing *sure*, to kill him? If so let a poor fellow know in your next, and I will crown thee with laurels.—M. D., Toledo, O.

MANAGING THE DEJECTION.—The management of the dejections for a person confined to the bed sometimes becomes a serious matter. Many surgeons have one thick mattress, in the central portion of which is a round or square opening, and in the floor of the bedstead a trap door that can be opened or closed at pleasure from the under side. With such a convenience he can have a dejection in comparative peace. It does not always happen, however, that you can have such a mattress, and the next best arrangement that can be employed, is the ordinary dust pan. Cover such a pan with a folded sheet or towel, having previously pushed a towel before it, and raising up the sound leg, the thin edge of the dust pan can easily be carried under the body of the patient and receive the dejection. If the discharge be so copious as to be likely to soil the clothing, the patient should arrest it, the pan be removed, a fresh sheet applied and then replaced. The dust pan can be placed beneath the patient much easier

than the bed pan, while the former answers a most admirable purpose.—*Medical Record.*

POULTICES IN PNEUMONIA.—Is it good policy and in keeping with sound pathology to resort to a mush poultice in every case of pneumonitis or pleuritis? Certainly not. We should be able to discriminate clearly between cases when poultices are and are not suitable. And for fear that we shall not be able to so discriminate I think it better to abandon the mush poultice altogether in inflammatory diseases of the thoracic viscera. It is true that in the very earliest stage of capillary congestion and distension, the mush poultice might do good by emptying the neighboring capillaries of the skin thus taking off the pressure from the adjacent capillaries of the lung and assist in re-establishing the circulation. [Allow us to doubt it.] But the time in which this object might be affected, is generally passed before the physician is called and is consequently in a great majority of cases inapplicable. And of course those of us who are most innocent of any conceptions of the problems of pathology are still possessed of enough natural common sense to know that to promote the formation of an abscess in the lung is just what we don't want to do. And this is just what the mush or any other kind of poultice is calculated to do.—*Modern Eclectic.*

HYSTERIA-GASTRALGIA.—Ella B., aged 16, daughter of parents well advanced in years. Nervo-sanguine temperament; light hair and eyes. In January last, during her indisposition, suffered an exposure which resulted in Suppressio Mensium. Was treated "regularly" for about three months, when I was called in to prescribe for the following symptoms. Repeated and often recurring attacks of the most distressing gastralgia, attended at times with more or less palpitation; sensation of ball rising from stomach to throat; sensation of choking, amounting to actual strangulation, when she would "faint" clear away. This was followed by almost entire freedom from pain until the next attack. Bowels con-

stipated, menses for two periods, normal, gave *Puls.*, *Nux. v.*, *Asœf.* at different times, with varying effect, and under which she gradually improved, except the gastralia, which was finally and permanently relieved by *Carbo Veg.* 6th.—S. M. F., La Motte, Ia.

ANOMALOUS INTERMITTENTS.—Here in this malarious district, where intermittents are the prevailing disease the year around, I often find functional derangements and structural lesion of the uterus, caused by malarial poison. This is particularly the case where this organ has been weakened by some other cause, and the system becomes gradually infected by the poison. It effects the uterus as well as other organs, and in a similar manner.

There is a gradual diminution of the menstrual flow; often entire cessation. The slight discharge is accompanied with severe pain of a neuralgic character; the discharge is either very pale almost without color or very black. The whole of the organ is much enlarged and indurated, forming an "ague cake," I will refer to one case only. The patient, aet. 34, bilious temperament, the mother of three children, the youngest aet. 2½. Her system had become gradually deteriorated by malaria from the time of her last confinement. Five months previous to the time I saw her, her menses became irregular and very scanty, accompanied with great pain. Her attending physician, an allopath, after treating her three or four months, pronounced her pregnant, as he found the uterus much enlarged. Council was called, the consulting physician agreed with the one in attendence. I took the case when she was supposed to be five months in pregnancy. Found the patient very much enervated and emaciated; uterus enlarged to about the size it is at the third month of pregnancy and retroverted, slight fever at irregular intervals with night sweats, and never free from pain in uterus and back except when under the influence of anodynes. After watching the case for several days and making two thorough examinations, I felt sure I had a case of "maskued ague," the foe secreting its main force in the uterus having been re-inforced by frequent

doses of *Quinine*, a most efficient ally in such a case. In many of such cases it is difficult which to attribute the most of the derangement to, the malaria or the long continued dosing with *Quinine*, but many of the cases that come under my observation, had not been so dosed. We all know that similar conditions of the uterus are brought about by other causes. I did not in this case form my diagnosis from the uterine symptoms alone. From the history of the case, and the totality of the symptoms at the time I took charge of it, I was convinced of the cause of the trouble and directed my treatment against malarial poison and,—well, the patient recovered, much to the chagrin of two allopathic physicians. *Eucalyptus* in the tincture was the remedy I used. The pain ceased gradually returning only slightly when the fever came on, and ceasing altogether when there was no return of the fever. There had been no chill stage. The menses became regular and gradually increased in quantity. At the same time the general health improved rapidly.

I have failed to cure these anomalous intermittents with our dilutions either high or low. The *Eucalyptus* rarely fails me in such cases.—ANNA WARREN, M. D., Emporia, Kan.

Surgery.

Denison's Extension Windlass. By S. R. Beckwith, M. D.

I have before me a description of a very ingenious contrivance invented by Dr. Chas. Denison, of Denver, Col., for the treatment of fracture of the patella. The instrument is

called an extension windlass, and is about the size of a watch, as seen by the cut which represents its full size:

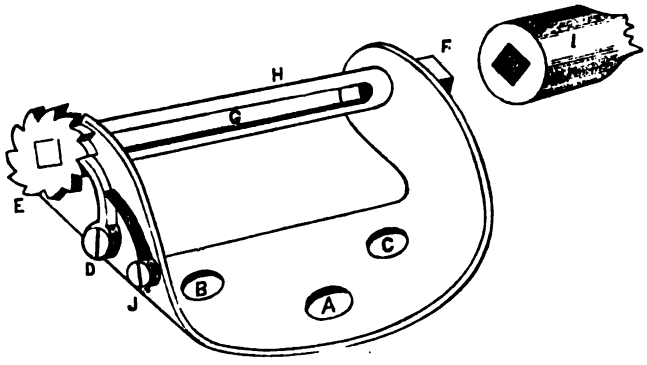

Fig. 1.

It is intended to be attached to a splint, screws passing through the openings marked A. B. C. The winding rod ratchet and other parts of the windlass, will be readily understood by refering to the cut.

The inventor recommends that it be applied in a case of fracture of the patella by fan-shaped strips of adhesive plaster applied as represented in the illustration marked Fig. 2.

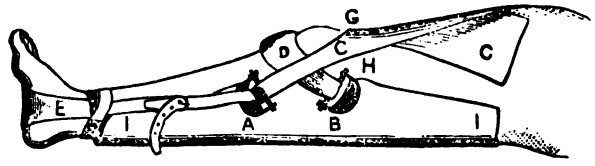

Fig. 2.

A. A. and B. B. extension and counter extension windlasses each fastened by one screw to wooden posterior splint, C. C. fan-shaped adhesive plasters crossing each other at G. and threaded through the winding rods with padded roller over ligamentum patellæ, the ends of which are threaded through winding rods H. H. E, reserve counter extension to relieve D. from uncomfortable pressure in front of bone. I. I. point which splint is bandaged to the limb."

It seems to me that this invention is the best for fracture of the patella that I have ever met, as yet I have had no oppor-

tunity of applying it. But shall procure the apparatus and make the trial as soon as I have a case to treat.

The advantages are apparent, the fragments are permanently held in position, the circulation not interrupted and the patient allowed to leave his bed. The Doctor recommends it for fracture of the olecranon process of the ulna, also of the tuberosity of the os-calcis or rupture of the tendo-achillis.

The following cut represents it applied in the case of the two last named accidents. It seems unnecessary to give his description as the cut clearly shows its application.

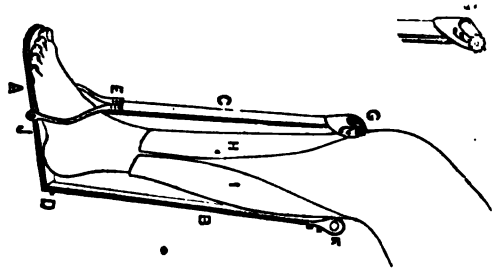

Fig. 3.

The inventor also recommends its use in fracture of the hip joint and non-union after fracture of the shaft of the femur. I am not favorably impressed with the suggestion of its use in either of these cases, yet would prefer witnessing its application before giving a positive opinion. I can understand that in almost any fracture of the ankle joint or lower third of the bones of the leg that it will be found much more simple and comfortable to the patient than most apparatuses in use. Where a limb has been dressed with plaster paris and extension is desired by simple applications, the windlass can be used to produce the desired extension.

Tetanus. By S. R. Beckwith, M. D.

Having never been successful in curing a well developed case of trismus or tetanus until recently, I think it worthy of reporting.

C. M., age 12, run a nail in the bottom of his foot. In a week the wound healed and no evidence of disease was manifest for two weeks, when the rectus muscle of the abdomen became rigid, soon followed by contraction of the muscles of the leg on the side of the wound. In a few days there was trismus and a full developed case of tetanus.

Treatment: Cicatrix and surrounding tissues of the wound cauterized deeply. We gave at different times *Bell.*, *Nux.*, *Hyosciamus*, *Aconite*, etc.

My prognosis was unfavorable, as the case was severe and no evidence of improvement by the treatment. The symptoms were trismus; legs and arms flexed and rigid; abdomen distended and muscles very rigid; spasms as often as every half hour. The child could not have lived but a few days; it now being the eighth day of the attack.

The case was now seen by Dr. Earnest, and he prescribed *Cicuta Virosa*, 3d dil., from discovering the following symptoms: The edges of the tongue, that could be seen, were covered with small ulcers surrounded by a white deposit; the spasms of the œsophagus; paleness of the face during the spasm; and the tonic character of the spasms were the special indications that led him to give *Cicuta.*

An improvement was observed within twelve hours, which continued until he was perfectly well.

I have thought proper to report this case, as before stated, as I have never seen a case recover. In a long surgical practice I have treated many cases of tetanus, and have never observed any benefit from drugs. Temporary relief from chloroform has been all that I could recommend. I have several times amputated the injured limb, excised and cauterized the parts where the nerve was supposed to be injured or pressed upon,

and in no instance has it modified the severity of the symptoms.

In this case the cauterization was very free and suppuration well established, yet no mitigation of the usual course of the disease until *Cicuta* was given.

Many of the reported cases of cures are worthless to the profession, because of the untruthfulness of the report; and long since I ceased to pay much attention to them, and would not lend my notes to journals, but this case so clearly proves the value of our symptomen-codex and demonstrates how difficult a case may be cured when the remedy is properly selected, that I place it at your disposal.

Correspondence.

T. P. WILSON, M. D.—*Dear Doctor:* Allow me on behalf of our Society to extend to you and your readers a cordial invitation to attend the annual meeting of our State Society to be held in Pittsburgh, October 13th and 14th, next. We are striving to get up a good meeting. Come along do us good and enjoy yourself. Yours Fraternally, J. F. COOPER.

ALLEGHENY CITY, Sept. 11, 1875.

Editor Advance:

Dr. R. E. Dudgeon, delivered an address before the British Homœopathic Congress, held in London, June 4th, 1874, in which some remarkable statements are made, and I imagine it is to him, and not Dr. Hughes that you refer. Taken as a whole the address is very encouraging to the profession; iso-

lated and disconnected statements, might be used to the injury of the system; but I do not find the *bald* statement you quote, and believe he has no where expressed such an opinion, for it is not at all in keeping with the general text of his address.—I. B. MASSEY, M. D., Sandusky, O.

Editor Advance:

The volume of New Remedies just issued, contains my own personal experience in the therapeutical use of the remedies, together with the clinical experience of physicians belonging to the homœopathic and other schools of medicine. With some remedies this experience extends over a period of more than twenty years; with others a briefer time; a few of the medicines I have not used. In quoting the clinical experience of others I have tried to give all the authorities as far as attainable. I have not intended to show any preferences, for I believe in tolerating the largest liberty of opinion and practice.

In this volume, in my mention of each remedy, I have generally given its pathogenetic history, names of provers, etc. Moreover, Allen's Encyclopædia of Materia Medica, now in course of publication, renders the citing of every authority altogether superfluous. Those who have any desire to ascertain the paternity, or investigate the original sources of my pathogenetic-characteristic symptoms, are respectfully referred to the above mentioned work, wherein they are generally given with much accuracy.

In this volume I have tried to explain the Law of Dose, based on the primary and secondary action of drugs, and have given some illustrations which appear to prove its truth. I expect it will meet with that persistent opposition and severe criticism, which greets every discovery or new principle; but my convictions are strong that when accepted and adopted it will prove of incalculable value in the advancement of our school of practice, and to the Art of Healing.—EDWIN M. HALE, Chicago, July, 1875.

Miscellaneous.

A Case of Plagiarism. A Man who Fights Homœopathy on Borrowed Capital. By F. L. Davis, M. D., Evansville, Indiana.

A few years ago there came to this city a wealthy physician from the rural districts. He bought an elegant home and lived in the style becoming his fortune. He seemed to bear himself honorably before the people and his wealth attracted patients. A little, feeble, struggling medical college in this city honored him with a professorship. He made special effort to build up the college, and particularly to aggrandize himself; which was all commendable enough, had the means employed been strictly in accordance with the Code of Ethics, But the feeble intellect, not trained to such labor, was incompetent to the task assigned it. At the close of the last term of the college another of the professors was appointed to deliver the address to the graduating class. But the final programme placed this doctor on the rostrum, and before the class and audience, as a substistute to deliver the address.

The professor was complimented through the papers and by citizens. He felt so good about it, that he had it published in the Evansville *Courier*. He sent a hundred copies broad cast to personal friends, looking of course for compliments in return.

The writer hereof took exception to certain unkind remarks in that address about his favorite medical philosophy, "*Similia Similibus Curantur*" and defended it in a brief article in the same paper in which the address was published. The professor replied with great pomp and personality, evidently showing that he was hit. But with the exception of a few sarcastic personal allusions, his lectures to the graduating class, and his reply to my "Defense of Homœopathy" were

taken nearly bodily (without credit) from "George B. Wood's Introductory Lectures and Addresses" a second edition of which was published by Lippincott & Co., 1872. And about four months after, when the above plagiarism had become generally known, because thereof, he resigned his position in the college, and on July 6th, 1875, he made a full and public confession to the Evansville Medical Society,

I see no hope for him. He must retire from the field of practice, conscious of the humility and disgrace brought upon himself. That proud spirit, that would have crushed others, is subdued and henceforth harmless. The world moves, and history records the "survival of the fitest." And from the effervescing condition of the Evansville Medical Society, it is easy to predict a "red hot time" at the next and a few succeeding monthly meetings. In the mean time the followers of Hahnemann are going quietly and successfully on with their work. But I fancy that I snuff the fragrance of a disturbing force in the breeze, in the fact that there is talk of charges being preferred against some respectable allopathic M. Ds. for consulting with a well known homœopath, in some obstetric and surgical cases in this city. And should there be any thing worthy of note grow out of this, sugar pills will come to the front in its quiet way. Its presence will be more fully recognized as a reality and its raps will be found to be more than "Lilliputian blows."

Death in the Milk Pail.

Not long since, Professor Low, of Cornell University, observed a peculiarity in the cream from the milk furnished by the milkman. It appeared to be ropy, and on subjecting it to an examination under a powerful microscope, it was found to

contain a large number of living organisms in different stages of growth. Pushing his investigations further, the professor called upon the milkman to inquire concerning the management and keep of his cows, and the manner in which the milk was cared for. He found, on looking over the premises that the cows, for want of good, clean water—the season being unusually dry—were forced to slake their thirst at a stagnant pool located in a muddy swale. Taking specimens of this water, and examining it under a microscope, the same class of organisms was found as those in the milk. It was now pretty evident where the cause of the trouble lay; but to make the matter more clear, specimens of blood were taken from the cows and examined under the microscope, when these also were found to contain the same class of organisms. The animals, on applying thermometer tests for determining health or disease, were found to be hot and feverish; thus showing that those living organisms, introduced through the medium of the filthy water, and taken into the circulation by the power of reproduction and multiplication in the blood, became the source of disease. Investigating still further, a particle of the filthy water was introduced into milk free from such organisms, and known from tests to be in good order; and in a short time the same filthy organisms multiplied and took possession in vast numbers, producing the same character of milk as that first noticed. Other experiments and investigations were made, but all similar in results to those we have described.

These facts are of very great importance to dairymen; and although it was known that the milk from cows drinking the putrid or foul water of slough and mud-holes had caused much trouble in cheese factories, still dairymen hardly appreciated the full extent of the injury caused by such water. If the lives of these foul organisms are not destroyed when taken up by the cows in their drink, but pass into the circulation, tainting the blood, entering the secretion and establishing their filthy abode in the milk—there to increase and multiply in vast numbers, causing the milk to be a

mass of filth, then it is reasonable to suppose that persons partaking of this milk, even when freshly drawn, are liable to have their blood inoculated, and thereby contract disease. Who can say that malignant fevers and fatal epidemics do not often originate from these sources? The facts brought out in these investigations would seem to warrant the supposition. At any rate, they are of a character sufficiently startling, and should have the attention of those who have the care of milk stock, and who are in the habit of using milk freely. They prove that, at least, good, clean water is a prerequisite for the cow to yield good, healthy milk, and that there is more danger in allowing stock to slake their thirst in foul, stagnant pools than has commonly been supposed.—*Rural New Yorker.*

As PHYSICIANS we should drive fear and grief from the brain and thought of our patient as the first work in the sick-room. We should be active servants of life and happiness, not long-faced fore-runners of death and funeral processions, working in the interests of undertakers, grave-diggers and marble workers. Our school can calculate with pride upon the many coffins and tomb-stones yet in the rough, which our good advice and attenuated doses have put far into the future to be formed, polished and finished for our patients who die when silver age makes death a welcome friend. All this in the interest of life. And our drug-heroic doctors of the regular allopathic school have of late found greater peace and comfort in smaller doses and the lessening of their mortality statistics; all of which is also none too soon in the interests of human life. Do they give us proper credit for teaching them to kill less and cure more? In thought they may, but it will require great courage to speak so apparent a truth and be honest from necessity.

It is a fact becoming well understood and quite interesting, that homœopathic prescriptions are "knocking higher than a kite," the day of large doses, and wisely placing "on the ragged edge of despair," the last hope of killing the ignorant and innocent by regular heroic medical treatment. Bloodletting, hot irons, blisters, cathartics and blue pills, in the light of

medical progress have "stepped down and out" of daily medical practice, a change quite important to life.—DR. T. L. BROWN.

The Homœopathic Hospital for New York. By the Editor of the Medical Record.

The homœopathic practitioners of this city and their friends have succeeded at last in obtaining a hospital. By reference to another column it will be seen that the Commissioners of Charities and Correction have set apart a portion of the Inebriate Asylum on Ward's Island for that purpose. It should be a matter of no small congratulation to such as are especially interested in the prosperity of the institution and the success of Hahnemannic practices, that, as a building, it is so admirably appointed. This is as it should be, and we are glad that the concessions have been made, to the end of giving our homœopathic friends what they have always contended they should have, a chance to practice their peculiar doctrines. In fact, we should allow them everything, rather than the opportunity of constantly croaking over their sufferings, their persecutions as martyrs to an opinion. There is nothing that strengthens any cause more than unresonable opposition to what may even be its pretended claims; nothing which appeals to any notion of ordinary justice more effectually than intolerance of opposite opinions. Whatever may be the real claims of homœopathy as a practice, the foundation of the greater part of its apparent triumphs has been laid in our bitter and foolish opposition to its doctrines. At once the cry of persecution was raised, and it was by no means hard to convince the community that such persecution was not altogether unconnected with interested motives on our part. The

sooner we can correct any such impression the better able will we be to combat error, on the common ground of reason and the broad platform of enlightened liberality. That we have made a serious blunder in not doing so before, is now quite apparent to all who are anxious that the community at large should place the proper estimate upon our abilities as practitioners of medicine. The homœopaths have never tired in charging us with persecution, illiberality, narrow-mindedness, and all those elements of character which are hardly complimentary to our reason, common sense, or ordinary discretion. They have said that we have used our influence against all efforts at progress on their part, and are particularly fond of exemplifying on their own behalf that truth and right will always prevail. In fact, they have almost entirely appropriated the familiar lines of Bryant bearing upon this point, and the community naturally expect us to clank our chains in applause of the sentiment.

Within the past few years the doctrine of the survival of the fittest has gained much ground, and its tenability has so forced itself upon the popular mind that it is perfectly safe to rest the issues of opinion upon it. In this view the establishment of a homœopathic hospital is a step which we have no reason for regretting, as being one of the means to the end, which must sooner or later come.

The difference of opinion concerning homœopathy has rested principally upon the *modus operandi* of medicines, and the peculiar treatment which the followers of this absolute system uphold. Now the way to exemplify the boasted brilliant results of their treatment is to satisfactorily settle many of the conditions which modify any system of medication. One of the most important of these conditions is a satisfactory diagnosis of the disease and its particular type of severity. This, it strikes us, would be the fair starting-point of comparison of results, for without it there would be no chance whatever for any just or reasonable conclusions. The existence of a disease, and the pathological lesions connected with it, are facts—self-evident propositions—which lie at the

very foundation of all theories, and are the natural bases of all arguments for their support.

It is claimed by the homœopaths that in matters of diagnosis and pathology we are their masters. If they are unwilling to take back their oft-repeated assertion, they should concede us the right of aiding them in their endeavors to start aright; in other words, they can lose nothing by allowing us the privilege of making a diagnosis for them, and verifying its correctness by autopsical examination, in case their treatment should ever result disastrously to the patient. Under the government of the same board that manages Bellevue and Charity Hospitals a very satisfactory arrangement can be made to accomplish the purpose. Indeed, we understand that a plan having such an end in view is already under contemplation by the Commissioners of Charities and Correction, and if it be consistently, conscientiously, and honestly, carried out, the establishment of the homœopathic hospital may be the beginning of the end of a controversy which has lasted altogether too long, and which has so seriously damaged true progress in medicine. We believe with the homœopaths that there is but one God in medicine; but it is not quite clear to us that Hahnemann is his prophet. Let us, however, in the spirit of humility patiently listen to what they claim to be their infallible argument.

Sore Heads. By J. D. Buck, M. D.

Do not imagine, gentle reader, that the writer hereof is going to put forth an elaborate treatise on skin disease, under the above vulgar heading, nor is the above caption, simply a "figger o' speech." The disease I am after is, unlike beauty which it never resembles, more than "skin deep," and that

it has a veritable existence may be determined from our literature.

The disease manifests itself in a great variety of forms, and when once it has become well established is absolutely incurable. I do not therefore propose at this time to recommend a panacea for the evil, but, the disease being sometimes contagious, my object is rather to point out some of its prominent symptoms in order that sound heads may not become sore.

We might naturally suppose that one afflicted with so unbecoming a complaint, would for decency's sake, at least, avoid exposing the unhealthy mass to the public gaze, but strange to say the reverse is the case. No opportunity is lost of calling attention to the affliction, and its unhappy victim, instead of scratching in silence, plucks this one and that by the sleeve and drawing them into a corner, entreats them to assist in the ceremony. At our medical conventions these victims may be seen like the lepers of old, sitting at the gates of the temple, on the ragged edge of the assembly, and woe be unto the straggler from the fold, who, in response to nature's calls, or for more agreeable pastime and social enjoyment, after having attended to his special work in the convention, passes through the gates thereof. Either he may expect to be invited to a friendly scratch, (not at billiards) or if he is not on terms familiar enough for that, he may expect to be heralded abroad as one who attends conventions only to gratify the lusts of the flesh. The only honest work a sore head has ever been known to accomplish, is to scratch; a kingly luxury no doubt, but one which ought to be enjoyed at home, in the seclusion of the closet, from which seclusion the victim should come forth with no—itch for scribling. To avoid contagion one need only to shun contact with infected individuals, and to add his share of honest work to any department of the convention, all of which are open to the humblest workman. Of course he may expect to be ridiculed by the sore heads; either his potencies will be too high or too low, or some flaw will be found elsewhere in his professional habiliments. Occassionly these lazaroni have been known to

congregate above or beneath legitimate assemblies, and overcome with mutual admiration, and melting in purulent fellow feeling, scratch the common ulcer to a head, which, when evacuated, declares in pungent terms that pure homœopathy—I should say putrescence, has here and now, its sole surviving representative.

To be more explicit Mr. Editor, when a fellah comes a hundred miles, more or less, to attend a medical convention, brings no report, takes part in no debate but walks around loose and listless, as it were, hob-nobbing with other fellahs just like himself, you may put him down as a sore head. Don't allow him to lift his hat in your presence, for as sure as you do you will be invited to scratch. Just run right back into the convention, roll up your sleeves and pitch in to somebody's report, say S. R's for instance; he's fat and good natured, and won't take it amiss, and he's always there with a report.

Don't ask one of these sore-heads to join you in any social enjoyment; they are physically weak, mentally sharp, socially sour and morally exact. If you want a good companion for a sail or a game of ten pins, go and ask the Secretary for the fellow who put in the best paper, which called out the most lively discussion and if he took it all good naturedly. Be sure he's a trump, if he's a pigmy in statue, he will be strong as an ox, and will be as ready for fun as he has shown himself for work. A worker is never a sore head, and a sore-head is never a worker.

This is a vast subject, Mr. Editor, you hardly realize how many sore heads there are till you come to an inventory. They prowl around conventions, slobber through our journals, growl about our county and local societies, sneer at your professional success, and popular favor. They should be known at sight and shunned as the pestilence, for then are they harmless, though none the less offensive.

Hints to Young Practitioners. Obstetrics and Pædiatrics. By A. A. Duncanson, M. D., Chicago, Ill.

Let your mind be sustained by the fact all through, that nature is very uniform in her operations and that the chances of a successful termination are a thousand to one. Interfere as little as possible with your patient in the earlier stages; much interference makes the patient nervous and leads her to think that something must be wrong, else why examine so often. Find out the presentation as early as possible after being called, provided the patient is actually in labor, see that you do not expose your ignorance by mistaking spurious pains for labor pains, and after waiting several hours for the birth of the child find it born three weeks afterwards. This is a mistake that should never occur, as the pains are essentially different in their manifestation. It is a rock that comes in the way of the ignorant; see that you do not split upon it. When you have ascertained the presentations to be natural, interfere as little as possible. You can ascertain after a little experience by the change of voice on the part of the patient, all that is going on and could do this if you were up two pairs of stairs. If your patient is playing possum, which they will some times do, then the sounds can not be depended on. A nervous woman will often complain when it is impossible from the circumstances, that any pain can be present. In such a case you will be required to excercise your own ingenuity and tact and perhaps examine a little oftener than in ordinary cases is required. Watch the opposite of this; some ladies do not express their sorrows at all, from beginning to end not a sound escapes, but the work is going on, the child will be on the perineum before you are aware, and born before you know it, and make you look accordingly foolish, this is unhappy for the doctor; it does not raise him in the estimation of the patient.

It will be a little difficult at first to make out the presentation to your satisfaction till your fingers get educated, but if you can ascertain no more than that, surely and certainly, the *head* is presenting, there is a strong probability that all is right;

but if you can do more than this and see by your finger what position the head is in, so much the better. You will come by and by to be able to do this skillfully and certainly; your predecessors all gained this gradually. No man has been born *touching heads* to feet either! Give considerable attention to the cuts in your book on midwifery, it will greatly aid your mental conception, of the position of the fœtus in utero, especially the mechanism of its passage into a higher state of being. You will find the cuts very correct what ever nonsense may be stated in the text.

To conquer ignorance by knowledge on midwifery will be a paying attainment, to take all that time that is spent by others in tobacco smoking, and use it in this way and the basis of a successful practice is laid!

The fourth early difficulty of the newly fledged doctor is *ignorance of the disease of children* this demands more than a word or two, it demands a treatise. Much has been written on it, but too little practical purpose. The literature of old school medicine is full of it, but in no department does the effete character of the "regular practice" stick out more prominently than in infantile disease, it is the standing opprobrium of the faculty! In this branch of medical action, a young man will find his practice put to the test in a very trying ordeal. Here is a little patient that can say nothing in definite words, suffering severely, likely to be fatally and yet can tell nothing to *ears* but can speak every thing to eyes that are educated to *see* it!

A great deal has been written and very sentimental indeed on the difficulty of understanding infantile disaese, and the conclusion pretty much come to by these sapient writers is that the diseases of children are enigmatical, opaque and difficult, and, at the best, conclusions can only be hazarded. If any young practitioner believes this he will be deceived. The only difference between the infant and adult patient is, the one expresses his sufferings in *signs* the other in *vocalized words.* The infant as really speaks as the adult, and speaks with a thousand tongues. Posture is speech, the movement

of the head, tympanitis of the abdomen, color of the discharge, state of the pupil. The diseased infant is vocal all over and to the eye of the intelligent no other language is needed. Knowledge here to a young man is every thing, success in this branch will give much practice in others. Remember the sentiments of the Jesuits and they are generally deeply read in human nature, " give me the children and I will soon secure the mothers and through the mothers secure the fathers," the grand scoundrels " know how it is themselves," they have been there! Let a young physician show skill and success in the treatment of children, and the practice of the family is certain, it may not come at once, but it will come. It has been carefully circulated by the "regulars" to cover their tracks, so rankly smelling with the "slaughter of innocents," *that disease in infancy can not possibly be understood.* Pay no attention to this as you value your success in life, in the practice of medicine; shut your ears to it. Dive into this branch with your whole soul, and be determined to master its difficulties, whatever they may be! Carefully watch the symptoms; when you see one child you see a thousand; the signs of disease, with the exception of small constitutional difference, will be the same in all. Mark the symptoms well. Be careful how you handle the child if you handle it at all—rough lifting or turning will displease very much —if you wish to put your foot into your practice this is the way to do it. A mother's feelings are very tender, especially when her child is sick. Remember that a man does not cease to be a man, nor a gentleman to be a gentleman when he becomes a doctor; he ought to excel rather than be deficient in what is manly and gentlemanly. This branch will pay to be studied under all its aspects. Read up allopathic, eclectic and homœopathic works on the subject, but remember that your patient is your best book; read carefully and perseveringly. You may lose a patient or two,we all do, but let your professional mortality be small as possible, if you wish to succeed. Remember temperament—the black hair and eyes will stand more medicine than the light hair and blue eyes—so be on your guard; too

many patients have died from medicine not from disease. These hints will do on this subject, when we have a little time we will write more.

Vermont Homœopathic Medical Society.

The twenty-fifth annual meeting of this Society was held at the State House in Montpelier, on Wednesday, June 2d. The meeting was called to order by the President, Dr. C. H. Chamberlin, of Barre, and the records of the semi-annual meeting, held in Burlington, were read and approved.

The committee on a State Board of Health reported that it had seemed inexpedient to bring the subject of the establishment of such a Board before the last Legislature; but they should urge further action at the proper time. The committee also showed the necessity for securing equal allopathic and homœopathic recognition and representation in the appointment of all public medical officers, particularly in the organization of all State and Local Health Boards.

The Board of Censors reported favorably upon the following physicians and they were duly elected to membership: Miss. Jane A. Rich, M. D., of Richville, C. A. Jackman, M. D., Morrisville.

The Bureau of Surgery was then opened and several interesting cases reported by Drs. H. C. Brigham, James Haylett, Van Deusan and others. An interesting discussion followed upon the surgical and medical treatment of cancers. The report of this Bureau showed that while the members of the Society considered many of the so called surgical diseases to be amenable to medical treatment, some of their number were not wanting in the manual skill of the surgeon.

The regular order of business was then suspended to allow

some remarks from Dr. G. N. Brigham, who said: "The American Institute of Homœopathy will meet in Philadelphia in 1876, as the World's Homœopathic Convention, and it is greatly to be desired that this Society shall do its full duty in seeing that Vermont is properly represented upon that occasion. It is especially necessary that a history of Homœopathy in Vermont should be furnished, showing its introduction and progress, with biographical sketches of its early pioneers.

The following physicians were elected to do the work for their respective sections: M. G. Houghton, of St. Johnsbury, for N. E. Vermont; S. H. Sparhawk, of Gaysville, for Windham and Windsor counties; T. R. Waugh, of St. Albans, for Franklin and Grand Isle counties; S. Worcester, of Burlington, and A. E. Horton, of East Poultney, for Chittenden, Addison, Rutland and Bennington counties; N. H. Thomas, of Stowe, and J. M. Sanborn, of Harwick, for Orleans and Lamoille counties; J. H. Jones, of Bradford, for Orange county, and G. N. Brigham, of Montpelier, for Washington county.

The Bureau of Provings was next in order and after the report it was resolved that during the present year the Society would prove such drug as may be chosen for that purpose by the American Institute, and the chairman of the Bureau was requested to procure and distribute such drug for proving.

The Society then adjourned to dinner and at half-past one was again called to order.

The Board of Censors, through Dr. Brigham, made a supplementary report, saying that they had considered an application for membership, but recommended that the Society take no action upon it at present. The report was accepted.

The Bureau of Obstetrics was then called up, and Dr. Waugh, of St. Albans, reported an interesting case of labor.

Dr. J. M. Sanborn extolled the method of delivering the placenta, advised by Dr. Thomas, of New York, and said he had been very fortunate in escaping hemorrhage and other after troubles. A discussion followed as to the best methods of delivering the placenta.

Dr. E. B. Whitaker, of Hinesburg, reported a case of labor fatal to both mother and child; the woman had previously had eleven children, and was forty years old. The child weighed sixteen pounds.

Dr. Jackman reported the following case coming to his knowledge: A woman gave birth to a child weighing five pounds and in seventeen days to another weighing eight pounds.

The Bureau of Clinical Medicine was then opened, and a case of interest was presented by Dr. Chamberlin, of Barre. The patient showed entire loss of motion and feeling in the right arm; the trouble following a severe injury of the shoulder; the discussion of the case elicited remarks of interest from the members present.

Dr. Worcester, of Burlington, read a paper reporting a case of mental aberration as illustrative of the manner in which medicines act homœopathically.

Dr. Whitaker, of Hinesburg, reported an interesting case of scarlatina.

Dr. Thomas, of Stowe, related several cases of scarlatina and called especial attention to the cerebral paralysis with which it is sometimes complicated.

The Bureau of Psychological Medicine was then taken up, and a paper read by Dr. Worcester, upon heredity as a cause of insanity. The paper showed the extensive part taken by heredity in the causation of mental and nervous diseases, and also the different ways of its manifestation, showing itself as insanity, epilepsy, chorea, hysteria, deaf-mutism, general paralysis, etc.

The committee on nominations reported the following to serve as officers the coming year, and they were unanimously elected.

President—C. H. Chamberlain, M. D., Barre.

Vice President—A. E. Horton, M. D., East Poultney.

Secretary and Treasurer—S. Worcester, M. D., Burlington.

Corresponding Secretary—H. C. Brigham, M. D., Montpelier.

Censors—Drs. J. H. Jones, of Bradford; J. M. Van Duesen, of Waitsfield; T. R. Waugh, of St. Albins.

Auditors—Drs. N. H. Thomas, of Stowe; Jas. Haylett, of Moretown.

Several of the members were accompanied by their wives, which added to the social features of the meeting.

The Society then adjourned.—SAMUEL WORCESTER, M. D., Secretary,

Science and Art in Medicine.

Dr. Chas. Elam, a worthy representative of the old school, gives us the following view of this question and though we demur to the position taken, yet it is worthy of perusal as the generally accepted doctrine of that school, intelligently and dispassionately expressed.

Science is knowledge, but such knowledge is not power in any practical sense. We know the motions of the planets, and can predict their phenomena with utmost exactness, but we can not influence them in any way. By science we know disease; science is diagnostic. It is by art that we treat it; art is therapeutic. All our art is derived from experience. It may be that in some few instances *a priori* considerations lead us to try certain modes of treatment; but in general they are empirical, and in all cases the final acceptance or rejection of the method is governed by experience. This could not be were medicines a science. Science knows, and is precise and positive. Art is variable, and selects. Science submits to no ignorance; but art is ignorant of much. Science is essentially contemplative; art is active. In the apt antithesis of Dr. John Brown, science puffeth up; art buildeth up. Practically, the result of this error of theory is this: With every advance of science we are too much disposed to think that an alteration in our art is necessary; otherwise we should be tacitly admitting the barrenness of the science. We forget the results of long experience, to run after the phantoms evoked by our improved knowl-

edge. We make a discovery in chemistry or in microscopical science, and we are but ill satisfied if we can not adapt it to our art. We improve in physiological knowledge; we learn the functions of a nervous tract with greater certainty; or we trace the relations of certain organs to extraneous influence more accurately; and in accordance with this, we alter modes of treatment which, up to the present time, we have been accustomed to think and to find satisfactory. Our disappointment in the result does not always teach us wisdom for the future.

I do not propose to enter deeply into the abstract question, but will merely state what I believe to be the fact, that pure science has in general done but little for art, while art has constantly aud largely been contributing to the progress of science. In our profession this has eminently been the case; not the men of science, but those of careful and accurate observation, have generally been the men distinguished for healing gifts. Avoiding any allusions to men of the present day, let me illustrate my meaning by contrasting Harvy, the man of science, with Sydenham, the man of concrete observation; Sir Charles Bell, the discoverer, with Aberecrombie, the physician.

Medicine has the same relation to science that poetry or painting has; and insomuch as the most complete knowledge of the laws of perspective and the theory of light and colors would fail to make a painter, or the most intimate acquaintance with the rules of versification would fail to make a poet, so the profoundest knowledge of physiology and of all the sciences tributary to medicine would entirely fail to make a competent physician. Medicine is a faculty to be acquired, not a lesson to be learned —to be acquired by long and patient observation of complex phenomena, in their ever-varying combinations—not to be reduced to the hard and inelastic formula of science. In itself, I reverence science; but in the interests of true progress, and of humanity, I trust we shall for the future. hear more of the art of healing and less of the science of medicine.

PLACE AUX DAMES.—Dr. Mary Putnam Jacobi has lately received from the Medical Faculty of Paris, a bronze medal for her inaugural thesis on Neutral Fat and Fatty Acids.—— The last number of the *Medical Record* contains an article on Congenital Anal Occlusion, by Dr. Susan Dimock, resident physician to the N. Y. Hospital for women and children. The fair authoress was lost in the recent shipwreck of the steamer Schiller.———Two hundred and fifty young women are now attending the course of medicine and obstetrics at the St. Petersburg School of Medicine and Surgery.———It is re-

ported that in one of the heathen tribes they have a "Field of Honor" in which are buried the men who fall in battle, and the women who die in child bed. They deem it equally honorable to be able to fight and to give birth to those who can fight. They are not so heathenish in their notions after all. ———Out of 120 candidates who entered their names for examination at the last commencement of the College of Physicians and Surgeons, Ontario, 58 passed and obtained licences to practice. Among the number was Mrs. J. K. Tout, of Toronto. She is the first lady who has obtained a license to practice medicine, in all its branches, in Ontario.———The Cleveland Homœopathic College has reconsidered its determination to exclude women for its classes and the doors are yet ajar.———The Ohio M. & S. Reporter is editorially vindicating the right of women to a medical education. And the editors are both married at that. The General Medical Council of Great Britian, to which the subject of the admission of women to examinations and degrees as physicians, recently considered the matter to all its bearings, and reported that they could discover no reason why women should be any longer prevented from qualifying and practicing as physicians. The Government therefore promised to deal with the subject in accordance with the report.

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, NOTICE.—The committee on Clinical Medicine, have chosen as the subject for discussion at the next meeting of the Society, Cartarrh of the air passages. It should be understood, however, that the discussion of this subject, will not interfere with the presentation of papers upon other topics pertaining to practical medicine. Members of the profession are earnestly requested to prepare volunteer papers, reports of interesting clinical cases etc., and forward them to the chairman of the committee, and they will be presented in connection with the report of the committee.—H. H. BAXTER, Chairman.

RARE SURGICAL CASES.—Dr. H. F. Biggar, of Cleveland, proposes to compile for publication, all the more rare and in-

teresting cases of surgery that have occurred in homœopathic practice. It is therefore especially urged that the members of the profession will forward to Dr. Biggar the history, course, treatment and termination with, if possible, a photograph or cut of such cases as may have come under their observation.

Book Notices.

Annual Record of Homœopathic Literature, 1875. By C. G. Raue, M. D. Boericke & Tafel, New York.

If our readers are fond of the excellent things of earth they will not fail to possess not this only, but the entire set of Annual Records. The editor and publishers are deserving of lasting gratitude, in that they have given us the fullest, ripest sheaf of the year's gathering, and it comes acceptably, after the long, hard labor of a twelve months harvest. We have reason to be proud of the extent and character of the gleanings made from the MEDICAL ADVANCE. Two entire articles—one of them being our own much abused one on "Psychic Therapeutics" and Prof. Buck's on "The Blind leading the Blind," and a large number of valuable extracts are included in the present volume. We would like to suggest to the editor, that a list of homœopathic physicians dying within the year, should be added to the volume. It seems to us that a good deal more is made of E. W. Berridge's contributions to medical literature than their value warrants. Our friend, G. M. Ockford, quite unknown to American literature is found to be an extensive and valuable contributor to the *Homœopathic World* of London, and numerous extracts from his pen are included. There is more value than originality to B. W. James' numerous quotations. But on the whole, the work pleases us much.

MUSICAL HINTS FOR THE MILLIONS. BY KARL MERZ.—This is altogether too modest a title. There is a deal of philosophy and a world of good sense in the Professor's little book. Music is medicine and we would like

to see it incorporated into our materia medica. In this work you find the best way of administering it. Professor Merz is an excellent doctor and we recommend his medicine to all, for it is preventive as well as curative in its action.

SCRIBNER'S MONTHLY.—This valuable family magazine grows daily in public favor, and is worthy of the wide reputation it has achieved. Much of this is due to the labors of its editor, Dr. John G. Holland.

ST. NICHOLAS.—Scribner & Co., New York. There was never so excellent a journal as this published for children. And while it delights the young folks it is full interest for older and even old people. Now is the time for subscribing for both of these periodicals.

RECEIVED.—Management of Eczema. L. Duncan Bulkley, A. M., M. D. G. Putnam's Sons, New York.

A study of the Normal Movements of the Unimpregnated Uterus. Ely van de Warker, M. D. D. Appleton, & Co., New York.

Lady's Manual of Homœopathic treatment. E. H. Ruddock, M. D., London, England.

Eighth annual report Board of Health, Cincinnati. J. J. Quinn, M. D., Health Officer.

Editor's Table.

ERRATUM.—Dr. Baxter, on page 216 should have said teacupful instead of teaspoonful.

Tenth annual meeting of the Homœopathic Medical Society of Pennsylvania will be held in Municipal Hall, Pittsburg, Oct. 13th and 14th, 1875. A big time may be expected.

REMOVALS.—Dr. J. D. Craig to Grand Rapids, Michigan, forming a copartnership with Dr. C. W. Prindle.

Dr. H. WHITWORTH to Niles, Michigan.

Dr. Geo. C. Jeffery has been appointed Surgeon to the Brooklyn Homœopathic Hospital.

DR. DENISON'S EXTENSION WINDLASS, spoken of elsewhere is made by Codman & Shurtleff, Boston, for $1.50 a piece. The contrivance is admirable.

PROF. S. R. BECKWITH continues his Surgical Clinic every Wednesday at 2 P. M. These clinics are for the benefit of the Pulte Medical Class. And we hope the physicians will make an effort to send as many cases as possible during the present session.

THE fourth annual session of Pulte Medical College opened its preliminary course on the 16th of September, with a fine class of promising young men. The outlook was never so encouraging for this school as at the commencement of this session.

CHOLERA.—This much dreaded disease has again made its appearance in the East. It has broken out violently at Damascus and Antioch in Syria and at Hamah, a town of thirty thousand inhabitants in Turkey. It shows the usual tendency to spread westward.

ANOTHER HOMŒOPATHIC HOSPITAL.—The Commissioners of public charities, etc., of New York city, have, agreeably to a petition of six hundred of the leading capitalists of that city, set apart a large public building on Ward's Island, to be under the charge of the homœopathic physicians and surgeons and to be used as a general hospital. The editor of the *Medical Record*, (Allopathic) in the issue of Aug. 27th, honorably sustains the action, and calls for fair play. This is progress and the world moves.

SPECIAL NOTICE.—The increased circulation of the MEDICAL ADVANCE and its large and valuable advertising patronage, enables us to make the following important reduction in price: Vol. IV (beginning May, 1876.) *Two dollars and a half*

($2.50) if paid before the beginning of the volume. Sixteen months beginning January, 1876 for *three dollars* ($3.00) cash in advance.

ABOUT STEEL PENS.—Few persons doubtless are aware of the fact that the original inventor of Steel Pens is still living. Sir Josiah Mason, now the great pen manufacturer of Birmingham, England, enjoys that distinction. He is now very old, being above eighty. It is in his great factory that several of the most popular of the widely famed Spencerian Double Elastic Steel Pens are made, the models being supplied by the proprietors of the pens, Messrs. Ivison, Blakeman, Taylor & Co., the Educational Publishers of New York. The Spencerian Pens have attained their great popularity from a variety of reasons, all of which will be apparent to any one who may try them. Of one number alone more than six millions were sold last year. We use them in our office, and are so well pleased with them that we have no hesitation in saying that they are, in our opinion, superior to any other article of the kind with which we are acquainted. Their chief characteristics seem to be flexibility, elasticity, durability and evenness of point, and a nearer approximation to the real quill action than has been heretofore attained in a steel pen. The Spencerian are comprised in fifteen numbers, all differing in flexibility and fineness of point, and for the convenience of those who wish to try them Messrs. Ivison, Blakeman, Taylor & Co., 138 and 140 Grand Street, New York, will send by mail a sample card, securely enclosed, containing one each of the different numbers, on receipt of Twenty-five cents.

CONTENTS.

J. P. GEPPERT, PR.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., NOVEMBER, 1875. NUMBER 7.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

"GO HIRE A HALL." If it be necessary to have our soiled linen washed in public, it were much better to employ a hall for that purpose than to debase a scientific journal. Our columns are in constant demand from various quarters, as a medium to widen and intensify controversies. Of course we take an interest in these things, sometimes we take sides also, but it doesn't seem to us that the cause of medical science can be enhanced by proclaiming on the house top what had best be kept in a corner. We have ourself had grievances and our wrath has been poured out red hot, on paper, but some how it always grew cold before it could be made to take form in type. Now the idea of a hall is good. Then those who like a scrimage can go and those who do not can stay away. "You pays yer money and you takes yer choice."

Now is the time for you to go to work on the articles you are to present at the next annual meeting of your state society. Go at it now and have it done in time. The old story of the wise and foolish virgins, one with lamps trimmed and burning and the other without oil and lamps empty is repeated at every annual gathering of our doctors. Men of one class are always ready with their papers. They come up to the work smiling, confident and self-possessed. And the work they do is always satisfactory. Men of the other class rush in breathless and confused, having "just finished" an imperfect sketch which they dare not present without many apologies. They are to be pitied. They seldom succeed. May their

shadows grow less and less. As for us let us take time by the forelock and enter at once on the work of preparation so that we may present something worthy the occasion and the cause we represent.

Gilchrist's Surgical Diseases.

ow over two years since we first learned the fact that such a book as this was in existence. But this is the first time we have had the pleasure of setting our blessed eyes on it. Through the courtesy of the Medical Investigator Company which has recently purchased the work, we are favored with a copy. And we turn over its 420 pages with a curious and anxious air. To produce a work on surgery is no ordinary task. It seems that only a practical and skillful surgeon could or would attempt to write a treatise on operative surgery. And so at the outset we find ourself enquiring if Dr. Gilchrist is actually a surgeon. Has he been a teacher in any of our schools or heretofore a writer on surgery? He comes rather like a clap of thunder out of a clear sky from his obscure retreat in a western Pennsylvania town. How came he by his surgical knowledge? This is the chief question of the hour. To be sure he is "Editor of the Surgical Department of *The Medical Investigator*." But how came he to get there when Chicago possesses so much special talent in this department? There is no answer to these interrogations and we must be content to take the work on its merits and not on the strength of its author's reputation.

The title page says: "The Homœopathic Treatment of Surgical Diseases." And the "Introduction" informs us that the commencement of the work began by interleaving "a copy of Erichsen with indications for the selection of remedies." Circumstances prevented the republishing of Erichsen's work with these additions and so "the book was finally completed in its present form; therefore whatever resemblance this may present to Erichsen's must be attributed to that fact." Now this apology is exceedingly far fetched for we have looked the whole work carefully through and there isn't a solitary idea that the distinguished English author would venture to claim. The bulk of the book is a well arranged repertory of our homœopathic materia medica. This is all it claims to be in its title page. Perhaps no one could accomplish this task better than the writer. But alas he forgot the old saying *ne sutor ultra crepidam* —especially if he be a cobbler at other trades than his own.

The materia medica or therapeutics of the work has certainly no semblance to Erichsen. In addition to this we have pathology and operative

surgery largely dwelt upon. But this portion of the book is essentially *Gilchristian*. It can all be put down to his credit if not to his discredit. We have scored nearly every page of the book devoted to discussions with marked passages that abound in absurdities, platitudes and falsities.

Without venturing to ramble over the entire book we propose to select a few specimens from the department of Surgical Diseases of the Eyes. And we quote page 50. "The chief reason why we have not a more extensive literature on this subject is that patients are unwilling to resort to a long course of treatment (internal) for cataract and other diseases, when so much is promised them by operation." The inference that cataract is to be cured by any course of internal treatment is wholly groundless. It doesn't rest on the slightest reliable fact. Page 51. "The cornea is so thick, much more so than many would suppose, that pieces of steel from mill-picks or anvils may be literally dissected out." This is sheer pedantry; besides it is baby talk. The cornea is "so thick" is it? And what thickness do "many" generally attribute to it? How cheap they will feel to find out that it is not so thin as they "would suppose." And won't these rural doctors whose mental measurment of the cornea was also "too thin," won't they laugh at the discomfiture of the unnumbered "many" who don't know that the cornea is so thick that steel "may be literally dissected out."

"Use no local applications in this or any other ophthalmic affection unless it be water, and then prefer hot to cold." The doctor here shows his lack of both study and experience. Both cold water and ice are indespensable in many cases as every oculist knows, to say nothing of many other applications of acknowledged value. This advice is misleading to those who may be disposed to follow the doctor's teaching.

"Frequently *Acon.* followed by *Staph.* will suffice in nearly every case to restore the cornea; and the aqueous humor will be found to be also reproduced." "*Acon.* followed by *Staph.*" sounds like empirical routinism. But if the cornea is ruptured does the doctor suppose that these drugs will close it up? Do they cause or help the reproduction of the aqueous humor also? That is the meaning of his words, and the statement is utterly absurd.

Page 52. "Wounds of the conjunctiva must be closed with a fine wire or the denuded sclerotic coat may suffer. If not closed, small tumor-like fungoids may spring up, as occasionally after strabismus operations and be very annoying." This is distressingly bad talk. It is utterly wrong in premise and conclusion. It is simply surgical delirium and to be wholly rejected as the fancy of Dr. Gilchrist.

"Ophthalmia is an inflammation of the eye; when it involves the lid and conjunctiva it is called conjunctivitis." Why does he say "lids and conjunctiva?" An inflammation of the conjunctiva alone is generally sup-

posed to be conjunctivitis. The fact is, the doctor's anatomy is sadly mixed and that serves to make a mix of his pathology.

"Strabismus is an obliquity in the axis of the eye," etc. "In congenital cases it will occasionally be found necessary to operate, but in those resulting from disease it will scarcely ever be required." It would be hard to find anything more utterly nonsensical than this. A ten minute session with Solberg Wells or Stelwag would serve to make clear this fact. We commend to the doctor further study on this subject and a thorough revision of his views.

Page 55. "Inflammation of the retina is rarely seen occurring independently of ophthalmia. When it does the characteristic symptoms are deep-seated pain in the ball, intolerance of light and confused sight; sometimes the ball seems swollen and protruding." The writer has already defined ophthalmia as "an inflammation of the eye." Does he leave us to infer that the retina is not a part of the eye? And if he means that retinitis is rarely seen without a concomitant disease of other parts, he states what every person of experience in this department knows to be untrue. And then how utterly absurd the idea that retinitis produces a swollen ball so that it seems to protrude from the orbit or that it is ordinarily characterized by pain and intolerance of light. These are glaring mistakes unworthy the reputation of the author and hurtful to the school he represents.

"Inflammation of the iris rarely occurs unconnected with ophthalmia." Here is the blunder repeated and likely to mislead the student as to the meaning of the word ophthalmia. "If allowed to continue long unchecked suppuration ensues." About the most unlikely thing that can occur. And the very thing that is likely to prove most disastrous in such cases he fails to see or point out. Why does he ignore adhesions to the capsule as the primary and most important results to be avoided? Simply because his common scense would have led him to point out the use of atropine; and that wouldn't be homœopathic. "Frequently there is considerable lymph poured out which fills both chambers of the eye, looking as if the ball were filled with milk." Does he mean skim milk or the milk in the cocoanut? The figure is over-drawn; for the color is no more than the thinest whey; and this leads us to suspect the writer is more lively in his imagination than ripe in his experience.

If Dr. Gilchrist had submitted this chapter to revision by some of his confreres who are better posted in all the facts of modern ophthalmology, he would have avoided many sad blunders; a portion of which only we have space to point out. If other departments should be found equally faulty—and they are indeed very faulty—it becomes a question how much profit can come to author, publisher or profession, by continuing it in its present shape. To the special therapeutics of the work we have no excep-

tions to make. As a symptomatologist, Dr. Gilchrist stands high, but as an operative surgeon and as a pathologist he has on more occasions than this, made a disastrous showing of his learning. We can not give an unqualified commendation to a work whose author shows an ignorance of the simplest and best known facts of the subject he treats of. With Dr. Gilchrist's effort to substitute scientific medication for surgical operations, we sympathize most deeply. And if he would only stick to his last he might hope to achieve some success.

The Twelve Tissue Remedies and Dr. Schuessler once more. By Dr. Ad Lippe, Philadelphia, Pa.

The seeming oversight of Schuessler's sponsor in not noticing your "Notice" of Schuessler, induces me to ask you to be good enough to admit a short paper on this "Departure."

Schuessler evidently is elated by the endorsement and recommendations he has received from his Philadelphia sponsor, and goes on writing, and thereby exposes his position, entrenched as he considers himself safely behind his sureties, to criticisms, and here it is.

To show the utter fallacy of the Schuessler fabric we give one sentence out of one of his papers published in the "Homœopathische Klinic," Dresden, August 1st. Schuessler there and then says, "If it is considered, 1 That the Sulphurous acid Natron is found in fish-*bones* and cartilages of men, and that these two tissues possess the quality of elasticity, we may come to suppose that the Glaubersalt is an Elasticity-Conditioner. 2. On that account it might be the specific salt of the elastic tissues. 3. And if that were the case, then a functional disturbance of the elastic fibres of the skin, caused by the absence of Glaubersalt would correspond with the cellular pathological condition of on œdematous swelling of the skin."

1. The first proposition, *i. e.*, that *Natrum Sulp.* is found in fish-bones and cartilage of men and that these two tissues possess the quality of elasticity are admitted, *but* 2. how come we to presume, suppose or guess that because fishbones and cartilages of men possess the quality of elasticity they do possess them on account of the presence of *Natrum Sulp.* in these tissues. There is no shadow of a proof adduced; and how easily might not the learned doctor do so who heals man and beast of all their ills by administering one of his twelve tissue remedies. Suppose he goes to a sheep-stable during the winter, and for the sake of science causes a number of sheep to be penned up by themselves and deprived of the glaubersalt with which the other sheep are treated during the time of stable feeding, and which the unscientific shepherd will tell him is indespensable for the welfare of the sheep. Will the elasticity of cartilages be diminished or suffer in any way whatever, because the salt is withheld?

3. The doctor dreams of the ability of a logical blunderer to find a specific salt of and for the elastic tissues. If he did not profess to be a homœopathist we would consider this logical blunder a natural and legitimate prerogative of the physiological school of medicine, but we must confess ourselves unable to elevate ourselves into a tropical imaginativeness, in which elevated condition we might see a specific for any tissue legitimately belonging to the homœopathic school; nothing of the sort has, till now, been believed by our school.

4. How is it possible for this tissue doctor to detect the absence of Glaubersalt in the elastic fiber of the skin; and by what imaginable logic could he come to the belief, let alone knowledge, that on that account an œdematous swelling of the skin would manifest the thereby conditioned cellular (sick) pathology? The propositions of the tissue-ist are preposterous, and when we take into consideration that he is "*endorsed*" not only as a homœopathist but as an *extraordinary great and learned* man, who has happily honored father and mother, who has accomplished the great task of putting a scientific livery, patched up out of fragments of physiological

wisdom, discoveries and speculations, put it on that healing art which Hahnemann was permitted to give us, inspired as he was to find through faithful and long observations, based on the laws of nature, the key to the certain cure of all dynamic diseases. He, (Schuessler) has presented to the medica world, a harlequin, and every sensible man may look at his capers and bid him a happy day.

There is just as much homœopathy in Dr. Schuessler's writings and less honesty, than we find in another saline discovery. There advertises H. Lamplaugh, 113 Hollow Hill, London, E. C. England, all over the globe. "Lamplaugh's Pyretic Saline proved to be the best preventive of small pox, fever and skin diseases. It is the most refreshing, agreeable and vitalizing of all salines, and gives instant relief in head-ache, sea or bilious sickness," etc. The numerous statements and letters relating to its marvelous effect as *a positive cure in scarlet fever* and other blood poisons are most remarkable, and are painfully suggestive of great neglect whenever *Pyretic Saline* is not employed in these diseases. "*It furnishes the blood with its lost Saline Constituents.*" Dr. Morgan, M. D. etc. Here we have it! Partners in scientific discoveries. In scarlet fever the blood loses saline constituents and the Pyretic Saline restores the blood to its natural healthy condition. The sick physiology recovers. All our painstaking cures in malignant scarlet fever do not amount to any thing. Pyretic Saline cures all cases, Grauvogel says: *Natrum sulp.* cures all cases of gonorrhœa.

And Grauvogel as well as Schuessler have one and the same endorsing sponsor; will Lamplaugh who talks just as does Schuessler be admitted as the third "*Hero?*" Will he also be endorsed? We do not see why he should not be so endorsed; has he not proclaimed to the world, paid for informing the world, that the lost saline constituents, causing maladies are furnished the blood through the Pyretic Saline? The two men, Schuessler and Lamplaugh, should be immortalised, great discoverers in the physiological road to specific cures. May they realize the fruits of their scientific discoveries, *but* to us neither of these learned men belong. We discard all

such speculations and shall have to tread a more laborious path to find for each individual case the truly curative remedy.

And we understand that a new and carefully translated edition of Hahnemann's Organon will soon appear, and as the demand for this greatest of all medical works has wonderfully increased during the last ten years, it is surely a clear demonstration of an also increasing enquiry into the principles governing the practice of homœopathy. In the same proportion as this great work is realy understood and adopted as a guide for the physician, in the same proportion will such shallow pretenders as we have shown Lamplaugh and Schuessler to be, be discarded and ignored, no sort of endorsement will be looked at, the principle will be considered incompetent and sick, and so far so, that "burned brandy" will not save him, nor any endorsements.

Otology.

Chronic Otitis Media, Non Purulenta; Part first, Catarrhal Inflammation. By C. H. von Tagen M. D., Prof. of Ophthalmology and Otology, Cleveland Hemœopathic Hospital College.

Chronic non suppurative inflammation of the middle ear is probably the most common and numerous variety of ear affections that we are called upon to treat, and I have no doubt my brother practitioners who follow this specialty will bear me out when saying that it outnumbers all other forms combined; at least such has been my own experience. I will also add, without fear of contradiction, that it is one of the least

fruitful forms of ear affections as far as successful results are concerned.

Wuchurung, meaning a long continued degenerating process, is probably the most terse and expressive word, used by the Germans to denominate the affection.

This form of ear affection may be divided into two great classes, viz: catarrhal and proliferous; and for the better elucidation of the subject I will here give the subjective and objective symptoms of both forms.

I will preclude my remarks by saying that some practitioners and even authors are disposed to add a third classification, named and based upon the particular parts involved. For instance, they speak of chronic myringitis, or inflammation the tympanic membrane or drum head, also of chronic catarrh of the eustachian tube, as if forsooth each one of these parts here named could be separately and distinctively involved, independent of the immediately adjoining parts. I do not hesitate here to assert that inflammation of any of these parts, whether it be acute, subacute, or chronic can not exist for any considerable length of time without necessarily involving either the tympanic cavity (drum of the ear) or the mastoid cells or both. Such terms for instance as tubal catarrh applied as it is to the eustachian tubes is not an entity taken in its entirety and is very prone to lead to misconception and incorrect ideas as to the therapeutic value of Politzer's method of inflating by means of the air bag and tube, the middle ear or drum cavity, and the eustachian catheter. These adjuvants in the treatment of this class of ear affections are not valuable for what they contribute, when properly used, to the tube itself, but rather their effects upon the cavities into which it opens, thus serving rather as a conduit than otherwise.

As a result of narrowing of the eustachian tube or an almost obliteration of the drum cavity into which it opens, due to catarrhal inflammation and consequent hypertrophy of its walls, we have a crackling of air bubbles, a sunken and flabby condition of the tympanic membrane, the lustre of the "Litchtkegel" (or cone of light of the Germans) altered and dimmed. Regarded as signs of proliferous inflammation of the structure s

that go to make up the middle ear, it may then be readily seen how vague and insufficient is the term "tubal catarrh," granting even that symptoms of the eustachian tube may predominate, and that treatment of and through the tube may lead directly or indirectly to a condition, so that nature may complete the cure.

In former times it was no uncommon circumstance to see even skilled specialists treating vigorously and even heroically by instillations and puncturing the membrana tympanic under the assumption that such a condition as independent chronic myringitis, or inflammation of the drum head existed.

It is needless for me to devote more time than I have already done to elucidate this point, I shall therefore proceed to give the subjective symptoms of CHRONIC CATARRHAL NGN SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR, OR DRUM CAVITY.

The primary and most common points of invasion, according to my observation are the nasal passages. Repeated and generally neglected catarrhs or colds in the head beget in course of time a catarrhal diathesis or predisposition to readily contract colds in that locality.

The popular and very commonly believed idea indulged in by many, and I fear conceived and given birth to in the medical profession, at least among the so called regulars if not to a certain extent by our adherents, that a cold in the head will wear itself out in time, is a most reprehensible doctrine and should never be hinted at much less advocated by any professional man. I will here make the bold and open assertion that a cold in the head so called never cures itself; in other words a person so inflicted never grows out of it. Repeated colds occur as time wears on, each one abating only in activity but none the less injurious because it abates, each successive one adding to its predecessor its quota of disease and altered tissue, and thus it extends in area and by continuity of tissue and surface passes from the nasal tortuosities to the ethmoidal cells above, thence to the walls of the pharynx below, invading the eustachian tubes in both latteral walls, thence into the tympanic cavity or middle ear including the mucous

surface of the tympanic membrane, even up and into the mastoid cells. This form varies from its companion, "proliferous inflammation" in that it is not insidious in its form and progress.

Probably the first thing complained of by the patient is an excessive secretion of tenacious and sticky phlegm in his pharynx, and he will tell you that for years he has been annoyed by a hawking desire, early in the morning especially, and that he has been compelled to use his handkerchief very freely to clear out the nasal passages. He will complain of a feeling of fullness over the region of the frontal sinuses and in the tympanic cavities, at times, there are crackling sounds, like bursting of small air bubbles, heard in the ears. The voices of his friends appear to him as if muffled, and it is difficult to induce him to be made to believe that the trouble rests within, but is disposed to assert that every one is speaking to him in subdued tones of voice. They protest stoutly that it is only in one ear when the fact begins to dawn in upon them. The fact is that if one ear is perfect it is only under peculiar circumstances, other than ordinary conversation, carried on in front of the patient, that a person so afflicted will be observed to be hard of hearing, as the common expression has it.

It is a well known fact that patients of this kind will express their feelings rather with an extenuation of their symptoms than an exaggeration as they are most prone to do in other affections, and however much they suffer from impairment of hearing they will boldly insist that they are but slightly affected or that it troubles them but little, even when scarcely able to hear loud conversation specially addressed to them, when the speaker is unobserved by them.

Tinnitus aurium and a sense of fullness in the ear is almost invariably present; a sense or stoppage in the auditory canals is complained of, and patients will ask the question if there is not some foreign body or a plug of wax in the ear, and and will seem incredulous when examination with the aural speculum reveals nothing of the kind. Vertigo is mentioned and the question is put "if there is not some disease of the brain present." This symptom, here let me add is by no

means peculiar to this complaint but is present in proliferous inflammation cerumenous accumulations, as well as in cerebral diseases.

When this symptom occurs in aural affections it is due to increased pressure of the stapes upon the labyrinth through the fenestra ovalis, and is not to be considered as necessarily serious, when the cause is thus traceable to the middle ear, and it may be promptly relieved by a treatment through the eustachian tube by means of the Politzer air bag or the eustachian catheter—when slight by the Valsalva method of inflating the ear.

It is interesting to note the different noises as described by patients thus annoyed. Those who reside in the rural districts will liken them to the murmur of wind through the trees and rustling of leaves especially the sound of running water, singing of birds or burying of insects. Servants, especially cooks, to the hum of a tea kettle, and ringing of bells. Those living in the neighborhood of mills and noisy machinery, or rattling of vechicles, as in large towns and cities, to such sounds as are thus emitted. A common expression among the Irish is that "all the tea kettles in auld Ireland are boiling in their ears."

Such patients will occasionally complain of their throats, but this part will escape their notice unless interrogated by the surgeon. Even when involved as it usually is to a greater or less extent they will assert that it is quite well, yet upon being closely questioned will admit that on the whole they hawk up much mucous, especially as already stated in the morning on rising. It is therefore best to examine thoroughly the pharynx and throat throughout.

In inveterate and long standing cases, neuralgias, dyspepsia, confusion of intellect, headaches, laryngeal and bronchial coughs, etc., may be added as belonging to this complaint showing conclusively how wide spread may become as simple and common affection as a cold in the head.

Abscess of the Middle Ear.—Polypus of Meatus.—Treatment by Carbolic Acid and the Atomizer. By T. P. Wilson, M. D., Cincinnati, Ohio.

Gracie D. came under my observation with the right ear in the following condition. A large polypus consisting of several lobes filled the meatus and protruded into the concha; a considerable amount of pus was collected back of the ear chiefly behind the lobe and maxillary angle. This had been accumulating for more than a week and produced the ordinary constitutional symptoms. From the meatus the pus flowed almost constantly, thick yellow and so abundant that the examination was greatly hindered by its welling up. This condition had ensued upon an old otorrhœa and had continued with great severity for more than a month. Dr. W. R. McMahon, of Marion, Ohio, placed the patient in my charge.

Treatment.—The polypus was first removed by a Wilde's snare having the patient anæsthetized. She was then sent home and ordered frequent syringing of the ear, followed by *Argent. Nitras* in solution, 20 grs. to the ounce, to be dropped into the meatus. This was to be done daily, and *Thuja* given internally, three times a day. In two weeks she returned.

The polypus had sprung up and was rapidly growing. The discharge both from the meatus and below the ear, was unabated. The general health of the patient was still seriously affected. The polypus was again removed and *Argent. Nitras*, powdered and placed on a moist bit of cotton was pressed down to the place where the polypus originated. This point was about the middle of the meatus and the passage there was so narrowed as to admit only a No. 8 Bowman probe and was besides exquisitely tender to the touch. *Thuja* internally and the tincture locally with the silver was contiuued for another two weeks. At the end of this time the patient was placed in my constant care and upon examination I found the polypus entirely gone, the passage still

very narrow and the pus from both openings as abundant as ever. General health much improved. The next object to be obtained was to enlarge the meatus at the point of constriction, so that a free exit could be obtained for the purulent secretion, for only in this way could the fistulous opening be healed up. To this end pledgets of cotton, saturated in pure carbolic acid, were carefully passed through the speculum and crowded to the bottom of the passage. And the same was done with the opening below which, with its broad mouth and everted edges, showed the intensity and extent of the internal suppuration. Applications of the carbolic acid were made twice daily, with careful and thorough syringing. This treatment was scarcely painful where the acid touched only the parts affected, but upon the sound tissue it acted like fire. Under its influence the affected tissue shrank away with great rapidity. It did not seem to slough but rather it was absorbed, and the tenderness was soon wholly removed. *Silicea* 30 and *Calc. Carb.* 30, were given, in alternation, four doses a day.

After three weeks the conditions came to a stand still, with a pretty large discharge daily of pus, both from the ear and the fistula. It was still yellow and thick. I then filled the atomizing bottle with pure alcohol with a small addition of *Hydras. Canad*, tinct. (one drachm to two ounces.) The vapor of this was forced through the ear and the fistula, and from both it passed readily into the throat, producing a sharp burning which lasted only a moment. The application of this was very brief for prudential reasons. Now for the results. After the first treatment the discharge was reduced more than one half. Before the third treatment the opening below had not only ceased to run but had closed up, and the discharge was lessened more than seventy-five per cent. All this in three days time. One week after this, during which time the treatment was very much interrupted by absence, the parts externally were found to be in a healthy condition and wholly without soreness, and the discharge amounting to only a slight otorrhœa. With the atomizer, the alcohol and *Hydrastis* could be readily forced through the ear into the

throat and pari passu with the frequency of the application of the remedy, the otorrhœa diminished. The case is, at this writing, still under treatment with a fair prospect of speedy final recovery.

I beg to call your attention to two points of importance connected with this case, inasmuch as these serve to take it out of the category of ordinary affections of the ear. First. as to the use of carbolic acid. The application of the pure acid was borne without discomfort, unless it was allowed to touch the healthy tissue. Only delicate manipulation could prevent this. But so easily is this done that I would commend this agent as in every respect superior to all other escharotics, and to be employed by preference when such an agent is necessary.

Secondly, as to the use of the atomizer. As far as I know the employment of this instrument for this purpose is entirely novel, but I am well convinced from results obtained, both in this and several other cases, that it is of more value here than when used in the treatment of diseases of the nose. The instrument I make use of, is of hard rubber tubing to which is attached rubber hose and two bulbs, giving a strong though cold stream of vapor. It is uncomplicated and therefore easily managed.

Those who can always cure otorrhœas by internal medication will have no need of these things, but those accustomed to treat in a general clinic every variety of this disease will feel thankful for any suggestions which will give them more complete control over this troublesome complaint.

And it is possible

> "that another
> Sailing o'er life's troubled main
> Some forlorn and shipwrecked brother,"

who has stumbled on a bad case upon which he has wasted the whole materia medica in the ineffectual effort to cure, may chance to see these therapeutic foot prints and

> "Seeing may take heart again."

Chronic Aural Catarrh By W. A. Phillips, M. D., Cleveland, Ohio.

Chronic catarrhal inflammation of the middle ear constitutes the cause of a large majority of the cases of impaired hearing coming under the observation of the profession in both public and private practice. The fact, that physicians in general have comparatively little knowledge of the peculiar features of this affection, together with the most approved line of treatment, is explained by the circumstance that the elder members of the profession had little or no opportunity for studying diseases of the ear previously to their graduation, as the text books at that time contained nothing of the real pith of the developments made by recent investigation, as regards the symptoms, pathology, or treatment of this prevalent and very annoying trouble.

To the improved methods of making minute examinations is largely due the improvements made in our knowledge of this affection of the ear, and to our knowledge of its pathology, is due the improved methods of treatment which happily relieve the profession of the incubus, resting upon it in regard to the alleviation or entire cure of this variety of deafness.

Aural catarrh, complicated as it usually is with more or less inflammation of the eustachian tubes and pharynx, is almost always, and particularly so in this climate, the result of repeated and neglected colds. In fact, the affection commonly has its origin in the throat, and travels by continuity of tissue into the tympanic cavity, when a train of symptoms, referable to the deeper regions of the hearing apparatus, are related by the patient, as the initiatory steps of a great misfortune.

The principal symptoms commonly complained of, are: A sense of fullness in the ears; more or less ringing or roaring, which may or may not be constant; increased secretion in the throat and nostrils; occasional attacks of pain, lasting

only a few moments; impaired hearing, which is generally worse during damp weather, and always so in consequence of taking cold. To these may sometimes be added cracking in the ears when swallowing or yawning, dizziness, inability to pursue mental labor with any degree of pleasure, and rarely, but not least, great depression of spirits.

Inspection of the drum-head does not always reveal changes that indicate the full measure of the mischief within. But, as a rule, the membrana tympani will be seen to be sunken in consequence of adhesions or of atmospheric pressure being greater from without inwards than from within outwards, owing to the closure of the eustachian tubes and exhaustion of the air naturally filling the tympanum. The drum-head may also have lost much of its bright lustre, looking gray and thickened, while the light spot is changed in size and situation, or is entirely absent.

The prominent pathological change consists of collections of mucus and lymph in the tympanic cavity and of a thickened condition of the mucous membrane. Adhesions of the drum-head to the neighboring structures in consequence of inspissated inflammatory products may also be present.

The treatment of this obstinate evil and exceedingly unpleasant affection is one demanding the earnest attention of general practitioners as well as those who make it more of a specialty. Being an affection that is almost invariably associated with naso-pharyngeal catarrh, and frequently, if not commonly, occurring in subjects suffering from more or less constitutional disturbance, it is plain that the experience and knowledge of the general physician might be brought to bear in these cases, in a most available manner. Aside, however, from skillfully selected internal remedies, there are other means which are unquestionably of equal value, as for example, the air bag, the local applications of various astringent or other medicinal preparations, in the form of a spray or otherwise, and in several cases, the use of the syringe for removing accumulations from the posterior nares.

The medicines I most frequently use internally, are *Mercurius dulcis*, or the *Biniodide*, the various preparations of *Pot-*

ash, Iodide of Baryta, Iodide of Lime and *Pulsatilla.*

These are brief hints, but when the members of the Society, the writer included, master them thoroughly, I hope to be prepared to offer additional suggestions.

Theory and Practice.

Cures by Arsenicum Album. From Allgemeine Homœopathische Zeitung. Translated by A. McNeil, New Albany, Ind.

CARDIALGIA.—A man of 70 years, delicate constitution, has suffered for several years from light attacks of cardialgia, which were always short, sometimes months passed without any attack. Three months before the homœopathic physician saw the patient, a violent attack of cardialgia set in, accompanied by vomiting of blood; ice pills and leeches subdued the vomiting in three weeks, then *Bismuth* was administered.

Soon after the cardialgia again returned with vomiting of blood and ingesta. The use of ice pills removed the vomiting but the cardialgia still remained, and all the means employed by the physicians were useless. *Any solid nourishment in however small quantity, produced a violent attack,* so that the patient feared death would result. Finally liquid nourishment also produced an attack. They often continued three hours and were repeated several times a day.

The patient lay drawn together in bed. *The color of the face was cadaverous, the features sunken, the expression of the*

countenance indicated intense pain, the respiration was retarded scarcely perceptible. He was extremely emaciated and very weak, pulse small, 50 beats per minute, the region of the stomach extremely sensitive to pressure, but no hardness was perceptible, the abdomen distended, tympanitic, *the pains were burning*, began on the left side of the stomach and radiated over the entire abdomen, and increased gradually to a certain height. The patient was never, even during the intervals, entirely free from pain, which prevented all sleep at night, the tongue white, covered with a croupous looking matter.

Arsen. 6, some globules dissolved in water, of which a teaspoonful was given every hour.

After a few doses, relief appeared; the patient slept a few hours, the first for several weeks; the pains did not return in their former intensity, and the intervals entirely free; the vomiting did not again return; the white membranous looking coating fell off the tongue in spots: the ability to retain larger quantities of food increased gradually.

After two months occasional use of *Arsenicum*, the cardialgia entirely disappeared, and the patient was able to go into the country. Eight months have now elapsed and no return of the disease has occurred.

INTERMITTENT. An officer from the cordon of works in Poland, was then attacked with febris tertiana. The paroxysms were suppressed in hospital with *Quinine.* Relapsed twice under the same treatment, so that finally *Quinine* did not even give temporary relief. When he left the hospital he had a febris quartana. *The paroxysms began with violent pains, it appeared to the patient as if his stomach was cut with knives*, so that he was compelled to cry out and lay drawn up in bed. The umbilical region was drawn in, the body cold; after half an hour a chill appeared, which was moderate, after which heat with abatement of the pain, then sweat and great weakness. The patient had a great fear of every attack; he had suffered for 9 months, except those intervals in which the paroxysms were suppressed by *Quinine.*

After the last febrile attack some globules of *Arsen.* 8, were

given and before the next paroxysm the same dose was repeated.

The paroxysm appeared without colic. After the close, gave another dose, and the fever did not again return. The patient recovered slowly.

A female baby of six months, suffered from crustea lactea, which itched violently, and extended over the scalp and face. *The eyes were swollen and from between the lids flowed an acrid fluid which excoriated all it touched.* The child rubbed her head and face continually. *Arsen.* 30, in globules, was administered in several doses. In a short time the swelling decreased, the eyes opened, were healthy and the eruption was cured.

A man 32 years of age, who had been a devotee of Bacchus and Venus for several years, and who was several times attacked with syphilis and gonorrhœa, remarked four weeks ago a small painful knot on the middle of the upper lip, without any known cause. It increased gradually in size and at last was as large as a pea. The writer found a whitish ulcer, as large as a bean with ulcerated margin on the inner side of the upper lip, it felt hard, deep down. It was not painful. Eight days ago, after an impure coitus, he perceived a profuse painless discharge from the urethra.

After three doses of *Arsen.* 30, every second day a dose, the ulcer was perfectly well in five days. It is remarkable that the gonorrhœa was also cured by the *Arsen.*

General Clinics.

Mrs. H. has been troubled with disease of the heart for many years; she has expected each paroxysm to be her last. Ordinarily she is sick from two to three days at a time, and the attacks come on quite frequently, though irregular as to time. Her pulse drops to thirty or forty beats per minute; and the pain is most acute, and she finds herself troubled to keep up respiration. Her "Doctor" being out of town, a new adviser was called to see her die, and he, thoughtless fellow, diagnosed dyspepsia and ordered a warm water emetic. Thir-

ty minutes afterwards she was breathing freely and had a normal pulse. *Cactus Grand* or *Digitalis* had been usually taken. This time *Calabar* was given. Her diet was changed from a rich bill of fare to cream and bread. The new diagnosis had a wonderful effect on her bank account as well as her health.—E. C. BECKWITH, Columbus, O.

PITTING FROM SMALL POX.—I send you herewith a prescription of great value to those who may have occasion to treat that worst of all zymotic diseases, variola. It was furnished me by Sister Mildred, Matron of the Homœopathic Hospital of this city, who was a nurse in some of the small pox hospitals in England for a number of years. The object of its use is to pacify and allay the incessant and painful itching of the vesicles, thereby obviating the usual result of pocking and disfigurement of the skin. She has never known a case in which it failed to fulfill to object intended in its use, and if she is a fair sample of its merits, I can truthfully say that the fact of her ever having had variola never entered my mind until informed by her, and until repeated avowals were recited would I believe it, so perfect is the appearance of the skin. No marks or pocks remain to show the devastations of the disease.

℞ Acid Carbolic, No. 2,
Glycerine conc.,
Alcohol, aa, ʒj.
Aqua dest., ʒv.
M.

Sig.—Put ʒj. in a pint of tepid water and apply as often as necessary with a sponge.—GEO. C. JEFFERY, Brooklyn, N. Y.

AIDING LABOR.—I am reminded by two cases of confinement occurring recently in quick succession in my practice, wherein it became necessary to resort to the same method of manipulation, that it might be well to report the matter for the benefit of others, especially the young practitioners. The cases were both primiparæ, labor progressing favorably, ver-

tex of child's head presenting—until toward the last stage, when contractions became irregular and feeble, and completion of labor seemed liable to be indefinitely postponed. At this juncture I introduced the index and middle fingers of my hand within the anal orifice sufficiently far to engage the os frontis below the supra-orbital ridge, by which means the head was held down firmly against the pubic arch and perineum. Dilatation was quickly and safely made; uterine contractions stimulated and labor completed without delay. The plan is probably not new, but has in a number of cases proved so advantageous, that I transcribe it for the benefit of others.—C. P. ALLING, Dunkirk, N. Y.

ANGINA PECTORIS.—Mr. C., age about 45, farmer, large, robust, powerfully built man, sanguine temperament; always an active energetic worker and never was sick a day in his life until about two years ago. At that time he was attacked with a severe neuralgic pain in his left breast. The pain remained constant, but was aggravated by any exertion and sometimes coming on in the most excruciating paroxysms. The location of the pain varied from the left supra-clavicular to the epigastric and left hypochondriac regions and sometimes runing down the left arm. Nothing abnormal in the sounds or action of the heart, except during the paroxysms of pain, at which times it is somewhat irregular. The frequency of these paroxysms gradually increased from one in two or three weeks to one every two or three days, and sometimes oftener. Duration about two hours.

Blisters, liniments, painkillers, ether, chloroform, hydrate of chloral, opiates, etc., were all administered by *Regular* physicians, some with temporary relief, but always followed by exacerbations tenfold more severe than before. Came under my treatment four months ago. Prescribed *Acon.* 30 3 times a day, and an application of electricity twice a week. I used the galvanic current, placing the positive pole at the cervical region and with the negative pole treated the chest and epigastric region. Duration of treatment 20 min. Intensity of current sufficient to cause a considerable burning sensation

and rubefaction of the skin. Improvement was rapid from the first. The pain which had been constant for nearly 2 years was instantly relieved by the electrical treatment. The paroxysms became less frequent and much less severe. For the last month he has not felt the slightest touch of it and has been engaged in his regular farming pursuits.—F. S. ADAMS, M. D., Springfield, Ohio.

Mechanical Helps and Appliances to Facilitate and Expedite Parturition, as Indicated in a Natural Labor. By W. R. Elder, M. D. Read before the Indiana Institute of Homœopathy. Part First.

It is not my purpose to say anything in this paper concerning preternatural or abnormal conditions which require medical or surgical treatment, but to confine myself strictly to the inquiry, What is best to be done to be of practical benefit in facilitating what is termed a natural labor.

The preternatural conditions and the abnormal performance of the functions of parturition have received careful attention from the medical profession ever since obstetrics became a special department in medical science, and I am happy to say, that at the present day, we are able to afford relief in a majority of such cases by proper medical and surgical treatment derived from the experience of the past.

While so much research has been expended in this direction, with such good results, the idea has also been taught, and stills prevails, that there is nothing of importance that can be done, to expedite and facilitate what is understood as a *natural labor.*

The universal teaching of our authors upon this subject is, that when there are no abnormal or preternatural conditions

existing, we are only to wait patiently and witness the result.

My present object is to show the mistake of this teaching, and that there *is* something to be done, and that sometimes vital consequences depend upon the conduct of the attendant whether he is simply "an observant spectator of the process" or an efficient co-operator with the agencies employed in the great and important work of child birth.

Let us in the first place examine somewhat the phenomena of forces that are brought into action in the parturient process, particularly during the second stage, for up to the commencement of the second stage of labor, it has progressed almost entirely, by an involuntary or organic action; commencing and progressing entirely independent of any exercise of volition on the part of the patient.

In the first stage of labor the uterus is excited to, controlled by, and continued in action, by a cause or causes we do not attempt to explain, and with which, in a normal condition, we have nothing to do. But when the os-uteri is fully dilated and the second stage of labor begins, there is an entire change of phenomena.

At this time the patient begins to have a strong desire to help herself, she wishes to make bearing down efforts simultaneously with the involuntary contractions of the womb. And now all the various parts and machinery of labor are brought into requisition. The voluntary as well as the involuntary muscles have a part to perform. She has strong instinctive desires that will not be denied. She can not tell *why* it is she wants to do certain things, but she can tell you with a great deal of emphasis, that she *does* want them.

Now let us see what these calls of nature are at this time, which are instinctively suggested and which so imperatively demand assistance.

Usually the first thing called for after the expulsive pains have fairly commenced, is to have her knees held firmly, so as to allow her to press on the point of resistance, by extending the thighs on the pelvis, at least the tendency of the effort is in that direction and in that manner.

Next and almost simultaneously with the other, is a desire

to grasp something with her hands and pull upon it with more or less force.

Next in order is the pain in the back, this is sometimes slight and does not cause very great uneasiness to the patient; at other times it is most excruciatingly severe, so much so, that it requires all the powers of endurance, for which females are so much celebrated, in order to bear it with any degree of composure.

Now we may observe by these desires on the part of the patient, that the uterus is no longer performing the act of parturition alone, but has called in the assistance of the voluntary muscles, and these are seeking for a fixed basis from which or by which, they may exert their power.

To provide this basis of action, I intend to show, becomes the duty of the accomplished acoucheur. Of the voluntary muscles brought into action in this process, the abdominal muscles are most directly concerned, and if they contract with sufficient force to make any expulsive effort, they must necessarily pull hard upon the points to which the two extremities of the muscles are attached, and the amount of power they will exert, will depend upon, and be in proportion to the firmness with which the points of attachment are fixed and made immovable.

It is obvious that if the points of attachment of these muscles are allowed to move, when the muscles contract on themselves, that all the effective or expulsive power, or at least the greatest portion of it will be lost. It will be like attempting to raise a heavy weight by means of a lever without a fulcrum on which to rest it.

Since the various parts and processes of the pelvis are the points in which these muscles have their rise or insertion, it becomes all important that the pelvis should be made stationary, that it should be safely anchored and held so with sufficient strength to firmly resist the powerful contractile power of the abdominal muscles when called into action to expel the contents of the uterus. In order to accomplish this end, the great and powerful muscles of the thigh are brought into requisition.

These muscles have their origin from the pelvis and their insertion at, above, or a little below the knee joint, and when they contract on themselves, pull with great force upon the point of attachment of each extremity. This attachment being on all the depending portions of the pelvis, must necessarily hold it firmly and steadily when the abdominal muscles exert their powers upon it.

The place of support or the *basis* from which to obtain the most effective action of these muscles is instinctively indicated to the parturient female, and *forces* upon her the desire to have her knees held firmly during the active stage of parturition. This desire demands assistance from her attendant, and imperatively demands it. How it shall be supplied, will be discussed in another place.

Having thus found a fixed point upon which the abdominal muscles may act by their inferior attachments, we will now turn our attention to their superior attachments and notice the operations here, and the wants to be supplied.

The abdominal muscles have either their rise or insertion, from or into the sternum and its cartilages, the ribs and their cartilaginous extremities. It is obvious, that it is necessary to firmly fix these points, otherwise what we gain by the fixture of the pelvis, we lose by the absence of an equal support for the superior extremity of those muscles.

This point of fixture is the scapula, most of the muscles of the chest, except the intercostal, have their origin from the various points and angles of the scapula, and when they contract upon themselves would pull the scapula downwards, were they not counteracted by another set of muscles also attached to the scapula, but passing forward in an anterior direction, to be inserted in the arm, and to some extent, the fore arm.

Now when the abdominal muscles contract in the effort to expel the contents of the uterus, they draw with force upon their attachments to the sternum, ribs and cartilages. This excites to action the muscles of the trunk above referred to, which are attached inferiorly to the ribs and sternum, and superiorly to the scapula, and when these contract, they ex-

cite their antagonistic muscles which go to the arm and fore-arm, and, these, seeking for some fixed point or basis for support, produce the urgent desire, instinctively indicated to the patient to grasp something with her hands, and to *pull* more or less, so as to fix this chain of muscles and through them supply the abdominal muscles, a firm point of attachment on which they may act. To provide for this desire to pull with the hands, becomes the duty of the attendant.

The abdominal muscles, thus fixed in their attachments, act upon the fundus of the uterus anteriorly and superiorly, while the diaphrag having its attachments at the ensiform cartilage and ribs, anteriorly, and extending backward and downward to the last dorsal and first lumbar vertebra, act upon the posterior and superior portion of the fundus, and thus in conjunction with the abdominal muscles, almost enveloping it, and by their co-operative contraction during a labor pain, form a second or outer uterine muscular coat, so to speak, which not only supports and assists the contraction of the uterus itself, but whose own expulsive power is immense, perhaps more than equaling that of the uterus.

The abdominal muscles have somewhat the preponderance over the diaphragm in respect to power, and this is necessary to overcome the natural obliquity of the pelvis forwards and downwards, and to bring the trunk forward, so that the child's head may be brought into the axis of the pelvis.

I have thus alluded to the different sets of voluntary muscles, and shown how they are brought into action in the office of parturition, in order to show more clearly, that the assistance of manual and mechanical aid is demanded in this process, and how such assistance is necessary to expedite and facilitate a natural labor.

Correspondence.

DEAR ADVANCE:—A few lines from the "healthiest country in the world," as Western Texas is rightly called, may not be unwelcome, but interesting.

Homœopathy is making headway slowly, principally on account of a decided scarcity of material. An occasional case of dysentery and infantile diarrhœa together with transient pulmonary patients are about all we are called upon to treat. Of these latter the number is gradually increasing as fall approaches and San Antonio and the Western part of our great state is becoming a favorite resort for pulmonary patients. Our air is pure and invigorating, and our climate dry and healthful; entirely free from malaria and void of the extreme cold of Minnesota and Colorado, and of the dampness of the Florida coasts. Western Texas is becoming more favorably known to consumptives with each returning fall and winter. "Sheep ranches," and "roughing it," are the favorite prescriptions of Allopathy in these cases, together of course with the customary amount of Cod Liver Oil and whisky, while *Phos. Sulph. Bryonia, Calc. Carb.* and the *Kalis.* come in well in Homœopathy, usually sustaining their well earned reputation.

The work here is purely missionary as yet, but we are sowing the seed and the harvest will come in due season.
C. E. FISHER, M. D., San Antonio, Texas, August 20, 1875.

EDITOR MEDICAL ADVANCE:—I beg a small space in your columns, to expose a set of medical swindlers in St. Louis, Missouri.

Wm. Schellhase, a German practicing medicine in this vi-

cinity, exhibits a diploma stamped with the seal of what purports to be the Hahnemann (?) Medical College of St. Louis, Mo., and signed by the following imposing array of professors.

F. R. Moore, M. D., Mat. Med.; Thos. Mathison, M. D., Mat. Med., Chem. and Tox.; Richard L. Metcalf, M. D., Anatomy and Chirurg.; G. Horatia Silvia, D. D. S.; John Conzelman, M. D., Obstetrics; T. I. Dean, M. D., Theory and Practice; Chas. A. Heintze, M. D., Gynæcology and Obs.; A. W. Fagin, President; F. R. Moore, M. D., Secretary. Mr. Schellhase says he has never attended a course of lectures in any medical school or college; and that he obtained his diploma from *Chas. A. Heintze, M. D.*, of St. Louis, Mo., in consideration of the sum of one hundred and eighty-eight dollars, paid to said Heintze, M. D., one hundred dollars for diploma and eighty-eight for *registration*, and that said Heintze failed to return twenty dollars, money deposited with him, more than the alleged cost of diploma and registration, thus swindling him out of two hundred and eight dollars.

The diploma is printed on parchment in latin, and dated March 1st. 1875, and has been examined by two other physicians, who are witnesses to Mr. Schellhase's voluntary statements.—E. H. Price, Chattanooga, Tenn., Oct. 7th, 1875.

Editor Advance:—This part of Indiana is now sickly beyond any year of my experience. Fever and ague are epidemic. Almost every family in the county has some one sick, and in the city it is not much better. Rank vegetation, heavy floods on it and hot weather, succeeded by cool nights, are accountable for it. Quinine is at a bigger premium than gold, and whisky only is "lively." Speaking of whisky reminds me that a general dealer gave me the following table of the order in which men give up their luxuries under the pressure of hard times: "Books go first; the book trade flattens under a panic; illustrated papers next, and then daily papers. If the pressure continues, the trade in pianos and fine furniture falls off, but the laboring classes begin to contract

on furniture from the start. Next it begins to cut off fine clothes and jewelry, and then its getting pretty tight. Put on another turn of the screw and tea and coffee suffer; then all the finer groceries; and then the nicest kinds of produce. If the screw still tightens, when worst comes to worst, and there is no help from God or man, then whisky and tobacco begin to cut off. But the dog's about dead when it comes to that." By this sign I should say Evansville was not far from the worst.—MEDICUS.

Miscellaneous.

Blood Drinkers.

It may not be generally known that, like New York, Cincinnati has its blood-drinkers—consumptives and others who daily visit the slaughter houses to obtain the invigorating draught of ruddy life-elixir, fresh from the veins of beeves. Lawrence's slaughter house, opposite the Oliver Street Police Station, has its daily visitants who drink blood; and the slaughter houses of the Loewensteins, on John street, a few squares away have perhaps half a dozen visitants of the same class. The latter places, indeed, have the principal custom of this kind (if custom it can be termed where the recipient is charged nothing); for the reason that all beeves are slaughtered there by a Shochet. Many who can drink the blood of animals slaughtered according to the Hebrew fashion, can not stomach that of bullocks felled with the ax. The blood of the latter is black and thick and lifeless; that of the former bright, ruddy and clear as new wine

"We have two ladies and one young man coming here ev-

ery day to drink blood," observed a slaughter house proprietor yesterday. "We used to have a great many more, but they got well and strong and stopped coming. One woman came here for a year, and got wonderfully healthy and fat; she used to be a skelton, a consumptive skelton. We always slaughter in the Hebrew way, and the blood of cattle so killed is more healthy. It tastes like new milk from the cow."

"Why, did you ever drink it?"

"No, no!—what should I drink it for. I am too fat as it is. And you know"—with a pleasant laugh—"Moses forbid the Hebrews to use blood for a diet."

The Shochet passed by with his long knife. "I am going to cut a bullock now," he observed, "if you want a glass of blood."

It at once occurred to the writer to try the experiment for curiosity's sake, and give the public the benefit of his experience. A large tumbler was rinsed and brought forward, the throat of the bullock severed, and the glass held to the severed veins. It was filled in an instant and handed to us, brimming over with the clear, ruddy life stream which warmed the vessel through and through. There was no odor, no thickening, no consequent feeling of nausea, and the first mouthful swallowed, the glass was easily drained.

And how did it taste? Fancy the richest cream, warm, with a tart sweetness, and the healthy strength of the pure wine "that gladdeneth the heart of man!" It was a draught simply delicious, sweeter than any concoction of the chemist, the confectioner, the winemaker—it was the very elixir of life itself. The popular idea that blood is difficult to drink is an utter fallacy; and the most timid with the warm glass in his hand must be reassured by one glance at its clear contents. He will forget all the familiar feelings of sickness conjured up by that terrible word "blood;" it is not blood any longer in his eyes, but rosy life, warm and palpitating with the impulse of the warm heart's last palpation; it is ruddy, vigorous, healthful life—not the essence, but the protoplasmic fluid itself—turned in an instant from its natural channel. No other earthly draught can rival such crimson

cream, and its strength spreads through the veins with the very rapidity of wine. Perhaps this knowledge originated that terrible expression, "drunk with blood." That the first draught will create a desire for a second; that a second may create an actual blood-thirstiness in the literal sense of the word; that such a thirst might lead to the worst consequence in a coarse and brutal nature, we are rather inclined to believe is not only possible, but probable. The healthy and vigorous should respect the law of Moses in this regard. Perhaps it was through occasional indulgence in a draught of human blood (before men's veins were poisoned with tobacco and bad liquor), that provoked the monstrous cruelties of certain Augustine Emperors. Perhaps it was such a passion that, as De Quincy has it, left Caligula, while toying with the polished throat of his wife, Cæsonia, half distracted between the pleasure of caressing it, which he might do frequently, and of cutting it, which could be enjoyed but once.

A Retrospective Glance at Therapeutical Abuses. By George C. Jeffery, M. D., Brooklyn, N. Y.

Medicine is one of the great legacies of the past, which though it has passed, through innumerable changes, been known under different names and therapeutically regulated by therories long since forgotten still lives. However great the stages through which it has passed or wide the chasms it has spanned, enough of the ruin of its early prestige remains to claim for it an ancient name.

What has been the history of this art? What are some of the great deeds it has accomplished? Should the human family for its present ills or blessings, crown its aged head with gratitude for relief, or lay at its portals the "black list'

of mortality it has unnecessarily caused? The last question marks the climax of the three; it is one too pertinent for thoughtless perusal; it embodies within its interrogatory a net work, from which the evidence may be decided, placing, by its verdict, medicine in the light of a true science, or exposing to the credulous subjects of its power, the workings of a bold empiricism. All questions have their contrary sides, one upholding the virtues and truths it may happen to possess, the other, being opposite in its intent, brings to view whatever weakness may be exposed to its assaults, and, holding high on its flagstaff the undeniable truth of its own assertions,—contends with its adversary.

Medicine from time immemorial has been no exception to this rule; from our earliest accounts to the present time, strife has held a continuous sway. With each year, new thoughts and ideas were promulgated, with each succeeding decade, new systems rose up to contend with the old,—if they survived, they paid dearly for their lives; scarcely before they had drawn their first breath, dualist's eager for personal glory and ambitious in their selfish aims, pounced with unrelenting vengeance upon their infant forms, and, when life's flame had been well nigh extinguished, or their feeble supplications, by the stern voices of their dire oppressors, had become nearly quieted; fate, unwilling that they should die unheard,—by her unerring wisdom—either, accepted their offerings with due allowance and consideration, or entirely discarded them, and they passed away to be soon forgotten.

Mythology—with her gods of function—is the earliest system of cure, of which we have any definite account. It was believed that there were thirty-six spirits or demons of the air, who divided the human body among them. They were each named, and, by working them, according to the part affected, the patient was cured. This system held its own for many years, unmolested and alone, but as succeeding ages passed on, and the light of intelligence began to peep in upon superstition, mythology found a combatant in the form of physic. The warfare was not long; Æsculapius with

his mighty hosts gave battle, and was victorious; the army of medicine, with her illustrious leader, knew well their power; the details of the campaign had been well laid and success was inevitable. Time and customs advanced, one in space the other in perfection; men being supplied with the products of improved mechanisms and designs, made vast improvements in their own special domains of duty; old things were done away, and new ones took their place; and those factors that were not abandoned, were remodled and increased in ability.

The fact being realized that "man's adversity is the physician's opportunity," experiments were made upon the sick and deformed in the limited way that the customs of the times would permit. The bodies of the dead were not then the victims of the merciless and unrelenting scalpel in the hand of the inquisitive and knowledge-seeking dissector; but were decently buried with the "Resquiscat in pace" inscribed above them; a privilege which (unlike our times) they were permitted to enjoy. At last the knowledge obtained in this way, became too limited for practical purposes and the desire for a view of the internal organs of the body, was first gratified through the intrepid determination of Versalius to make a human dissection, many points previously suspected were verified, but in comparison with what was not known or expected to be found, they were indeed very few; knowledge that was before uncertain now became more positive, and in a corresponding degree were anatomy and pathology benefited. From this time, medicine took to itself much that had heretofore been unknown; men each with a particular mission to perform, stepped forward and retiring left behind some new appliance or invention for the relief of the sick or cure of the diseased. These discoveries were not made without toil and suffering; instead of laudations for their life's labor, men were made heroes through suffering. Servetus in 1553 for presuming that the blood circulated through the lungs, was burned with his writings at the stake. [This is doubtful, Ed.]

For suggesting the use of the ligature in place of hot irons

and pitch in the stopping of hæmorrhage, Ambrose Pare was cruelly persecuted; William Harvey, by the publication of his theory of the circulation, was bitterly opposed; Jenner, who had not really discovered the preservative power of the vaccine disease against small pox, but who appropriated a discovery he had heard of in Gloucestershire thirty years before, was lampooned and ridiculed and contemptuously excluded from the honors and privileges of the college of physicians, merely for advocating before the public the truth of a principle that had not been known ages before; Samuel Hahnemann, the discoverer of "Similia Similibus Curantur," says a report, was for a long series of years depressed by poverty and driven from one town of Germany to another, by the persecutions of physicians and apothecaries. In the year 1803 he was without a fixed residence, and though he had been styled by Hufeland' one of the most distinguished physicians in Germany, he felt himself a stranger in every corner of his native land. With such sad facts before us, should we not congratulate ourselves, that whatever we may happen to express by will or deed may be done with perfect impunity. During the past ages, at which we have merely glanced, many drugs and medicinal agents were proposed and used in the treatment of disease; many have been forgotten and abandoned, a few still remain. Silphium supposed by many to be assafœtida, was introduced by Aristaeus; Achilles discovered the use of Verdigris in the cleansing of foul ulcers; Helen mixed Opium with wine and gave it to the guests of Meneilaus, under the expressive name of "Nepeuthue," to drive away their cares; and as early as the days of Æsculapius do we read of blood-letting, purgation, emetics, frictions, sea-bathing and various mineral waters being prescribed. Parcelsus was the first to give Mercury internally, although the salivation it causes when applied externally was known to Friar Theodoric in the twelfth century. The object of this paper is not to write the history of medicine or the biographies of the many men who have been its founders, but to prove by valuable authorities and carefully guarded assertions, that had mythology held its sway supreme

during the ages of the past; and the application of medicine in disease never have been suggested, that the inhabitants of the civilized world to-day, would be affected with fewer ills, would suffer less from the follies and misdemeanors of their progenitors; the list of diseases which are many would be few; and man would bear more the likeness his Creator intended he should, when he formed him in his own image. True much has been learned from the use of drugs, but how costly the experiment. We to-day are reaping the benefits, in a limited way, of what was gotten only at the expense of sorrow, increased and prolonged suffering. It is not supposed but what many valuable and useful improvements have been made in surgical appliances, and that for the advanced position, held by modern surgery, we are under due obligations and may well be thankful to our "fore-fathers" for their early and hard earned experiences, handed down from the past ages, also for the numerous discoveries of valuable means indispensable in the carrying out of the laws of hygiene, are we justly indebted; but that medicine, as applied and practiced, has fallen far short of the object intended by the cure of disease, is evident; it has done more; it has caused unnecessary suffering by its ruinous effects, and has bequeathed, to the present generation, many of its present ills and physical calamities. So bold a proposition may and in no doubt will receive immediate opposition, but if so, it is done in the very face of evidence produced by the men representing the school of medicine, the abuses and charlatanry of which this paper has, as its prime subject, to expose.

Professor James Grahm, of London, says of medicine: "It hath been very rich in theory, but poor, very poor, in the application of it, indeed the tinsel glitter of fine spun theory, of favorite hypothesis, which prevails wherever *Medicine* has been taught, so dazzles, flatters and charms human vanity, and folly that so far from contributing to the certain and speedy cure of disease, it hath in every age proved the bane and disgrace of the healing art."

Dr. Rush, in a lecture delivered in the University of Pennsylvania, says: "Dissections daily convince us of our ignor-

ance of the seat of disease and causes us to blush at our prescriptions. What mischief have we done under the belief of *false facts* and *false theories?* We have assisted in *multiplying disease;* we have done more, we have *increased their mortality.* Our want of success is owing to the following causes: 1st, our ignorance of the disease, 2d, our ignorance of a *suitable remedy.*"

Prof. Whiting, makes a good comparison, "Were we to see a sportsman standing beside a grove, continually loading and discharging his piece, without aim, among the trees and at the same time declaring his intention to be the destruction of a bird whose song he heard somewhere within it; we should without hesitation pronounce him not only *non compos,* but also a dangerous individual, and fit only for the strait jacket or a mad house. Yet if we mistake not, such is very nearly the course pursued by many a routine practitioner, in the treatment of morbid conditions of the body by medication. Shoot away! is the motto; perchance we may hit the mark, if not, the law is our safeguard and we have the satisfaction of feeling that we have done the best we could."

Prof. Benjamin Waterhouse, of Harvard University, after lecturing in that institution for twenty years, upon retiring exclaimed: "I am sick of learned quackery."

The practice of allopathy is the same to-day that it was twenty centuries ago, it is based upon the uncertain rock of experiment, instead of the more certain foundation that gives support to the light house of science, whose cheering rays have illuminated the dark seas of time, guiding many a storm bound mariner safely between the dangerous shoals of fallacy and deception surrounding him on every side. A prescription is never made without a positive misgiving as to its efficiency and not with that feeling of satisfaction which should be the possession of every true physician; in his selection of a proper remedy to combat the strong arm of disease in its assault upon health. In every case the patient is made the subject of experiments rather than the object of certain cure.

Microscopy.

Let me here remark that looking and seeing are not synonymous terms. Most people look at such objects as threaten their personal safety, or mar, or contribute, to their pleasure, or the general daily things which pass like shadows before them. For this purpose eyes and a few aborted brain-cells are all the apparatus necessary. Such are largely automats. A very few see with positive focus, both optically and mentally, all that comes within their visual or cerebral aperture. A receptive consciousness holds a candle back of the eyes, somewhere in the glowing recording brain, which throws a monochromatic focus of light, bright as a sun-beam, on every picture sent in from without. These become the prophets and interpreters of new truths, the seers and will-workers of the world, When these speak, let those who merely look, listen. This conscious mental activity must distinguish the practical, advanced microscopist. A thousand worlds, each more populous than this daily surface life, which opens even with grandeur when the morning light breaks in the east and becomes drowned at evening in night's recurring bath, are unrolled before him. The mind is kept ever active by new and suggestive pictures, walks among and beholds the ancient types and foreshadows of all visible forms and organs. Mechanics reaps no triumph, nor art any combination for beauty or use, nor complex mammal offers organs of intricate structure, but somewhere in microscopic nature lies its antetype and parent. The cilium is the earliest leg and lever, and suggests in the rotatoria, when in motion, cog-wheels and endless chains. The transparent muscles of the hydroid polyps, isolated, yet seen in active motion, a hundred times thinner than a hair, are forerunners of the mariner's ropes which stay his ship in the wild tempest, or unfurl his white sails to the propelling breeze. The gizzard of rotifera and the cricket teach the mechanics and art of grinding corn and wheat for our food. The ineffaceable pigment of actinocyclus and the bed-bug's eye, rival in brilliancy and excel in

durability all the paint Belzoni found in the tombs of the Pharaohs, or Turner spread on hazy landscapes. The glow-worm's light shining in the dew-drinking grass at evening, for a purpose, suggested to the mariner his beacon lights which guard our coast, and, like friendly stars, guide ships from danger. The invisible amœba always moving, we know not why nor whither, living as a microscopic unit in our ponds and streams, is found in our blood currents in countless millions, as white corpucles, creep similarly about in our tissues, carrying invisible physiological grist to the vital mill. In mollusca, the otoliths—in charming simplicity—foreshadow the incus, os-orbiculare and stapes in our own ear. The hydra in our ditches is an individualized and glorified isolated, gastric tubule. The liver and salivary glands in our common house-fly—common did I say? are spun out in single threads, with liver cells and gland cells a hundred times larger than in our own organs—a natural dissection, more delicate than art can make.

Tools in the Study of Science.

The progress of science in recent times is in a great degree due to the employment of instrumental aids to observation; and whoever wishes to keep up with this advance, or indeed to gain an adequate notion of its extent and interest, can only do so by the use of similar means. In the study of chemistry, experiments and actual observation of the behavior of substances under various conditions, are indispensable; in physics, multifarious appliances for the illustration of principles are constantly required; in astronomy, the telescope is absolutely essential: and, in biology, vast departments can be brought within our reach only by the aid of the microscope.

This latter instrument, especially, has a wide range of application. The investigations of the anatomist and physiologist cannot go on without it; the educated physician has it in daily use; the tradesman finds it an important aid in testing the purity of commodities; and the student in many departments of physical science is obliged to use it in his work. When to all these considerations we add that the manipulation of the microscope, for the purpose of ordinary observation, may be acquired without much difficulty, and that the instrument itself may be procured at a moderate cost, we have said enough to justifiy the assertion that every educated person ought to possess a microscope, even as he possesses a collection of books.—*Popular Science Monthly.*

Experimental Science in Modern Education.

In the first place, then, I must declare my conviction that no educated man can expect to realize his best possibilities of usefulness without a practical knowledge of the methods of experimental science. If he is to be a physician, his whole success will depend on the skill with which he can use these great tools of modern civilization. If he is to be a lawyer, his advancement will in no small measure be determined by the acuteness with which he can criticise the manner in which the same tools have been used by his own or his opponent's clients. If he is to be a clergyman, he must take sides in the great conflict between theology and science, which is now raging in the world, and, unless he wishes to play the part of the doughty knight Don Quixote, and think he is winning great victories by knocking down the imaginary adversaries which his ignorance has set up, he must try the steel of his adversary's blade. Let me be fully under-

stood. It is not to be expected or desired that many of our students should become professional men of science. The places of employment for scientific men are but few, and more in the future than in the past they will naturally be secured by those whom Nature has endowed with special aptitudes or tastes—usually the signs of aptitudes—to investigate her laws. That our country will always offer an honorable career to her men of genius, we have every reason to expect, and these born students of Nature will usually follow the plain indications of Providence without encouragement or direction from us. It is different, however, with the great body of earnest students who are conscious of no special aptitudes, but who are desirous of doing the best thing to fit themselves for usefulness in the world; and I feel that any system of education is radically defective which does not comprise a sufficient training in the methods of experimental science to make the mass of our educated men familiar with this tool of modern civilization: so that when, hereafter, new conquests over matter are announced, and great discoveries are proclaimed, they may be able not only to understand but also to criticise the methods by which the assumed results have been reached, and thus be in a position to distinguish between the true and the false. Whether we will or not, we must live under the direction of this great power of modern society, and the only question is whether we will be its ignorant slave or its intelligent servant.—*Popular Sience Monthly.*

Protoplasm.

The term protoplasm, from two Greek words meaning first and form, is applied to the supposed original substance from which all living beings are developed, and which is the uni-

versal concomitant of every phenomenon of life. All that is comprehended for brevity under the term life, whether the growth of plants, the flight of birds, or a train of human thought, is thus supposed to be caused by corporeal organs which either themselves consist of protoplasm, or have been developed out of it. Wherever nutrition and propagation, motion and sensation exist, there is as their material basis this substance designated in a general sense as protoplasm. The proof of it is held to be furnished by the protozoans called moners, the whole completely developed body of which consists solely of protoplasm. They are not only the simplest organisms with which we are acquainted, but also the simplest living beings we can conceive of as capable of existing; and though their entire body is but a single, formless, small lump of protoplasm, and (each molecule of it being like the other) without any combination of parts, yet they perform all the functions which in their entirety constitute in the most highly organized animals and plants what is comprehended in the idea of life, namely, sensation and motion, nutrition and propagation. By examining these moners we shall gain a clear conception of the nature of protoplasm, and understand the important biological questions connected with the theory. —*Popular Science Monthly.*

Current Medical Literature.

MEDICAL REVIEW, Indianapolis. This is not much of a "review" but it is the liveliest journal that comes to our table. It represents progressive Eclecticism and a multitude of other things. Its editor is a genius and wields a facile pen. If there be such a thing as impersonal journalism, the Review

does not belong to it, for its plain wholesome personalities are a marked and successful feature. Only one dollar a year.

THE MODERN ECLECTIC, Macon, Ga., Vol. I, No. 1. This is a promising infant. Its likeness to the Review above noticed, grows out ot the fact that it has the same editor. One journal is enough for most editors but Dr. Brown is exhaustless and irrepressible. He leads in the progressive wing of Eclecticism and is destined to win.

THE SANITARIAN. Sanitary questions are constantly increaaing in importance. Medical science is being revolutionized by this agency. Questions of pathology and therapeutics are no longer absorbing all our attention. They are supplanted largely by questions pertaining to the prevention of disease. The medical school of the future is to be the one that makes everything subordinate to sanitary science. *The Sanitarian* is an excellent journal quite indispensable to those who would keep pace with the rapidly developing facts of this department of knowledge. It has an unfortunate alloopathic bias and is sometimes a good deal more medical than sanitary. Should it grow out of this bias it will stand as the foremost journal of health so far as the technical discussion of these questions are concerned.

THE AUTHORS OF THE "SPELLING MANIA." And now it is said that the publishers of Webster's Dictionaries are respon sible for the recent "Spelling Bee" excitement. Whether this is true or not, the spelling mania was a good thing, and it undoubtedly had a very excellent influence. Of all educational accomplishments, a proper knowledge of the orthography of our own language is certainly the most desirable, and of all the deficiencies in our educational methods, that relating to this study is the most marked. And we were therefore going to say that whether the spelling excitement

came about through the advertising efforts of the Webster publishers or not, one thing is quite clear, and that is that there is nothing that has helped to stimulate the wide-spread interest in the subject, or that is so nearly a Speller's *Vade Mecum* as Webster's Pocket Dictionary, sold for One Dollar, and to be had of almost any dealer in books. It is a marvel of compactness, containing about three hundred illustrations, over eighteen thousand words, brief but comprehensive rules for spelling, a large number of words, from foreign languages, phrases, proverbs, etc., in common use. It is neatly bound in Morocco, with tucks and gilt edges. If not otherwise obtainable it may be had by mail from the publishers, Messrs. Ivison, Blakeman, Taylor & Co., 138 and 140 Grand Street, New York, by enclosing to them the price, one dollar.

Book Notices.

Micrography

In his "*Civil Policy of America*" Dr. Draper enumerates the changes which have been wrought in science and art by the simple experiment of Galvani with the leg of a frog. Among these changes he enumerates a complete revolution in chemistry, even including a new nomenclature. Even more wonderful than these changes wrought by the developement of our knowledge of magnetism, is the revolution due to that little instrument, the microscope. A new world has been revealed to our astonished vision, inhabited by beings, whole tribes of which disport in a drop of water covering no more than the head of a pin.

Not only this, but the tissues of animal and vegetable organisms have been subject to microscopic examination, and analysed to their ultimate constituents, and the change in the estimate of their anatomy and physiology has wrought a complete revolution in these departments of science; dynamic and vital changes have been thus observed in the simplest thea-

ters of their manifestation, and comprehended as they have never been before.

During the progress of these investigations, a new literature has arisen intelligible only to those familiar with such investigations, and yet very few even of these would imagine this technology to be so extensive, as to require a dictionary of nearly a thousand royal octavo pages to elucidate it. Yet such is nevertheless the case.

We have before us an English publication of that kind, the "Micrographic Dictionary," of Griffith and Henfrey, which has already passed through three editions. The work is finely gotten up and illustrated with *eight hundred and twelve wood cuts* and forty-eight full page engravings. These last are finely engraved on copper and beautifully colored, and must be seen to be appreciated.

Not only have we here a very complete dictionary of the new nomenclature, but a work which abounds in monographs on a great variety of subjects, and gives classifications in the different departments of zoology, which are simply invaluable to the busy student who is unable to master these obstruse sciences in detail.

We have then something more than a "dictionary," as the title very modestly sets forth, for the work in many departments is a text book, while the copious references enables the student to follow up a given subject in more elaborate treatises.—J. D. BUCK.

Raue's Annual Record of Homœopathic Literature.

Of this work, the sixth volume, or that for 1874, will most probably be the last that will be issued. The sales of the first three volumes, while being far from remunerative to the publishers, at least covered expenses, but we are sorry not to be able to say as much for the last three volumes, less than 400 of which have been disposed of. The labor of the contributors has been one of love for these six years, and that of the publisher for the last three years was attended by pecuniary loss.

It seems to be nothing less than A DOWNRIGHT SHAME, that among the five thousand homœopathic practitioners in the United States, not even five hundred can be found, who appreciate the great value and absolute necessity of a work of this kind, even to the extent of furthering the enterprise by as much as purchasing one copy per year. We are thoroughly discouraged at this want of support and have decided to abandon the enterprise.

However, as we freely spoke our mind about the matter, a number of our friends, and of friends of the *Record*, prevailed on us to "give another try," and we consequently shall make one more attempt, provided we are able to obtain five hundred bona fide subscribers to the work by 1st. of January, 1876.

We don't believe ourselves, that there are "five hundred physicians in this country, who take enough interest in *Raue's Annual Record*, to subscribe for the same, and we make this appeal with the expectation that not one-half of the number of subscribers stipulated will be obtained. We do it chiefly to gratify the few enthusiastic friends who will not believe in such utter apathy of the profession, until we are able to demonstrate the fact by actual count.—BOERICKE & TAFEL, New York.
(We will send the ADVANCE one year, with the *Annual Record* for $4.00.)

The Relations of the Nervous System to Diseases of the Skin. By L. Duncan Bulkley, A. M., M. D. Geo. Putnam's Sons, New York.

This subject is one of great importance and profound interest to the student of pathology. The field is not especially new, but it has seldom been entered upon as successfully as by the present writer. It is no small matter to rid the minds of medical men of the idea of the essentially local character of many forms of skin diseases. But is not the homœopathic school that has made this mistake. Since the days of Hahnemann we have not ceased to advocate the doctrine, that chronic eruptions of the skin were but expressions of morbid constitutional conditions. While our allopathic brethren were putting on washes and unguents, we have always insisted they were only driving the disease from one point to another. Dr. Bulkley's paper is evidence of advance in allopathic pathology toward the true homœopathic idea. Now if they will bring their therapeutics up to this advanced ground, we will not as schools be so far apart.

On Altitude and Climate in the Treatment of Pulmonary Phthisis. By W. Gleitsman, M. D.

This is a question of no mean importance. The author well says "The field is vast and many difficulties lie in the path of investigation; but the solution of these problems (what altitude and climate for the consumptive) will be received with so much more joy and gratitude by suffering humanity." The writer gives a brief historical view of the question and states concisely the present aspect of the discussions and investigations going on in regard to climatology. The pamphlet is suggestive rather than conclusive.

A Paper on Animal Magnetism as a Therapeutic Means. By W. L Fleming, M. D., New York. J. P. Geppert, Cincinnati, O.

This is a reprint from the October number of the ADVANCE. Our readers will do well to give it careful study, for a better understanding of the subject will be useful to physicians as well as patients. The author does not indulge in extravagant statements or wild theories and yet his paper will not fail to arrest attention.

Editor's Table.

OUR readers will need no excuse from us for the amount of matter on ear diseases in the present number. It is all fresh and up to date, and will repay reading.

MARRIED. Sept., 22 1875 Dr. Geo. S. Norton and Miss Kate W. Graham, both of New York City.

GILCHRIST'S Surgical Diseases noticed in the present number has been reduced by its present publishers to $3.50.

WANTED number three Volume III., being July, 1875 Medical Advance. The highest cash price paid for copies of this number. We will pay one dollar for complete sets of Volumes I and II. Those who do not care to bind their journals had better look at this offer. In any case report to us what numbers you have to spare.

NEW YORK OPHTHALMIC HOSPITAL, Corner 3d Avenue and 23d Street. Report for the month ending September 30th, number of prescriptions, 2,361; number of new patients, 290; number of patients residing in the hospital, 26; average daily attendance, 91; largest daily attendance, 132.—ALFRED WANSTALL, M. D., Resident Surgeon.

WE solicit from the profession brief accounts of cases successfully treated for our General Clinic department. If possible, let it appear that the remedies given were indicated and that they accomplished the result. However we will not be particular about that only so the cases be short and practical.

THE Homœopathic Medical Society of Michigan meets in Ann Arbor, Nov. 16th and 17th. The Secretary, Dr. J. K. Eldridge, calls for a rousing meeting.———The Montgomery Co., O., Homœopathic Medical Society meets in Dayton November 4th. The doctors of that city keep open doors at that time.———Bret Hart's new novel, "Gabriel Conroy," will be begun as a serial in the November number of Scribner's Magazine, without illustrations, for it is said to be graphic beyond need of them, and full of incident. The story takes its title,

"Gabriel Conroy," from its hero, a simple, good-hearted, honest old miner, of a type somewhat different from that of his illustrious predecessors in Mr. Harte's writings. Several familiar friends, nevertheless, renew old acquaintance; among them Colonel Starbottle. The story is wholly in Mr. Harte's original field, and is said to fulfill, as a novel, the promise of his very best tales.

THE CAMPAIGN OF 1876.

We have pretty definitely settled on our line of action for the coming year.

The Cincinnati Medical Advance is to be the Cheapest, the best Illustrated, the most Practical, Live, Awake and Readable Medical Journal

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J. P. GEPPERT, PR.

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., DECEMBER, 1875. NUMBER 8.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

PROF. JOHN HUGHES BENNETT, M. D., of Edinburgh, is dead. At the age of 63 he ceased a life of long and earnest toil. He will be ever remembered for his successful fight against the heroic practices of the allopathic school to which he belonged. He needs no prouder monument than this, that he taught the world the folly of taking so much drugs; and, in this, he has, in the medical profession of all countries, a numerous following. His greatest work on clinical medicine has been numerously translated and received with universal approbation.

"I AM taking more journals than I can possibly read." This is a common excuse among a certain class of medical men. But they are a peculiar class and must ever remain so. The fact is these men don't care to read. If they ever went to college they finished their studies when they left the lecture room. No doubt some of them are busy at their practice, but only in exceptional cases are they so driven that they could not consume a dozen journals in a month. Reading is largely a habit and we congratulate the doctor who has a strong healthy appetite for books and journals. You find him always mentally robust, able to take and digest

strong intellectual food. Others are intellectually dyspeptic. The smallest, cheapest monthly over loads their digestion. Their mental stomachs reject even the pappy morsels they find in these feeble journals. But they are morbid from lack of use. Let them take a half dozen healthy, wide awake journals and read them with care and in time they will only complain that they can't get all the reading matter they want. We are in hearty sympathy with the man who wants but isn't able to take the ADVANCE and we gladly offer to meet all such half way, and, more, our loaf is large and ready for division.

DON'T PLAY WITH EDGED TOOLS.—This is for the benefit of children. They only do harm when they use instruments they don't understand. But grown up people and skilled artisans do not throw away tools because they are sharp. If they did they would deserve to be called fools. The oculist never finds his knives with too keen an edge. The surgeon never shrinks from a well tempered and nicely ground blade. Yet these qualities in the instrument make them all the more fatal in the hands of the bungler. Such a man does well to beware of edged tools. But such a man setting himself up as skilled in the art and yet constantly berating the instrument maker because he made his tools too sharp and rejecting all the best knives in the case and publicly proclaiming his inability and unwillingness to use such instruments, could be set down as nothing else than an ass. Yet this very thing is done every day. Not literally to be sure, but in effect this is done by men who profess to be medical leaders of the country. It is done to their shame and they glory in it. Here we have three medical schools with this distinctive feature, a cardinal doctrine in fact, *don't play with edged tools!* The Physio-Medical, the Thompsonian and the Eclectic (old style) discard *Mercury*, *Arsenic* and *Antimony*, if indeed they use any minerals at all. And why? Simply because they don't know how to use them. But these schools are not alone in their ignorance. The allopathic doctors are equally ignorant from their own showing, but they do not as virtuously abstain from the use of these drugs. Surgeon General Hammond told his army surgeons flatly they did not know how to make proper use of *Mercury* and *Antimony*, and he struck these two medicines from the supply. It was a cruel blow and it hurt just in proportion as it was true. And to this day Dr. Hammond is under the ban of his brethren. They hate him because he told them the truth. Prof. John Hughes Bennett, of Edinburgh, (just gone to his rest, good man,) told them the same thing and proved from a long unanswerable array of statistics that they were killing more than they cured with *Mercury* and *Antimony*.

A recent writer in the Phila. Med. and Surg. Reporter dares to fly in the face of all established precedent and discard the use of *Nitrate of Silver* in Ophthalmia Neonatorum. And this because the remedy is too

severe. The bunglers of that school had best let it alone and use something with a duller edge. No doubt of it. Dr. Scudder, an eclectic, (new style) shows his school how *Mercury*, *Arsenic* and the like can be used safely and with benefit, and the Chicago Medical Times, Eclectic, (old style) would have Scudder put in the pillory as a traitor to the principles of his school. But there is no logic in this. Because one man or a set of men can not use an instrument, is that proof that no one can use it? The instrument must be understood before it can be properly applied. And so with drugs. For how many hundred years has *Mercury* been employed as a medicine? Universally since the days of Paracelsus. What do the allopathic schools know about it? They know it to be an alterative and anti-syphilitic. Beyond that little else. The other schools lay no claim to any knowledge of, except that it is something that, "To be hated needs but to be seen."

Now compare this with the full rich pathogenesis of this drug, found in the homœopathic materia medica; and then say who has a just knowledge of its power, and who is likely to apply it successfully in the case of disease. And finally let the intelligence of the world decide whether these drugs or those who ignorantly use them shall be thrown overboard.

Nutrition. By A. J. Turner.

Nutrition, from *nutrio*, to nourish, begins with the food we eat. It is a lamentable fact, which all observers recognize, that too little attention is paid to this beginning of the elements of life. We do not forget that the woman of to-day has changed in many respects, from the progenitors of our race. In no country in the world are women so beautiful as in our own broad land. As the girl develops into womanhood, we begin to realize the beauty of Milton's verse put into the mouth of Adam.

> "Oh fairest of creation, last and best,
> Of all God's works, creature in whom excelled,
> Whatever can to sight or thought be formed,
> Holy, divine, good, amiable, sweet?"

This lovely American woman, with gentle refinement, graceful figure, vivacious, entertaining, charming, develops into a fragile being, to be in a few short years changed into one of premature decay. We shall not stop here to show how the peculiarities of climate, sudden changes in temperature and high pressure mode of living may enter into the causes of this premature decay. Neither have we the time nor inclination to compare the different conditions among the races of earth, in which we find this simple question exemplified. I have just said simple, but it is being so much overlooked, that its very profundity and abstruseness is lost in this very simplicity. The Scotchman has come to regard his oat meal and porridge as much a matter of fact of every-day-life as the Irishman does his potatoes. The proverbial roast beef and plumb pudding of the Englishman, marks his rounded outline and florid complexion, while the savant of the culinary art, the Frenchman, regards no dinner complete without his soup, no matter of what made, even regarding horse hide or old boots as a better base than no base at all, so that he be furnished with his dish of soup. The Italian prefers his macaroni to the Irishman's potatoes and the American, poor fledgling of humanity on nutrition, forgetting everything but palate and passions, voraciously devours his soda biscuit and mince pies.

Now we lay down the proposition that to understand nutrition, we must remember that food should contain two elements, one to nourish and the other to give heat. And just so much as we may overlook these qualities shall we suffer in the formation of the ultimate tissue and bone. The infant of every race and clime begins with its mother's milk, and simple though it be, it subserves all the necessities of this important and formative period of life. Simon's analysis of mother's milk, makes it consist of water 883.6; butter, 25.3; casein, 34.3; milk, sugar and extractive matter, 48.2; fixed salts, 2.3 equal, 1,000 parts. Here we find all the requisites for the nutriment of the child. We can understand then, how anything which interferes with the formation of healthy milk, will in like proportions, affect the formation of tissue in the infant.

Let us now return to our proposition that to understand nutrition, we must use food containing the two elements, one to nourish, and the other to give heat.

We see that the peculiarity possessed by the albuminous or nutrient over the oleaginous and saccharine, or heat giving differs in that the albuminous contains nitrogen and that while the oleaginous and saccharine contain oxygen the albuminous contains oxygen in combination with sulphur and phosphorus. We are thus led to infer that by the processes of nature these peculiarities bring us to the point that they possess that which builds up or strengthens the body, while the oleaginous and saccharine furnishe the wood and coal to keep the body at a proper temperature for the ordinary processes to go on. Now we do not over look the fact that climate and habits of life may vary this in its application. Thus the natives of a tropical clime would require more of the albuminous while those of the poles should receive more of the oleaginous. 1,000 parts of healthy blood according to M. Lecamis' analysis gives us the following proportions;

Water	780.15	785.58
Fibrin	2.10	3.57
Albumen	65.09	69.41
Coloring matter	133.00	119.63
Fat and Salts	19.66	21.81

The vast proportions which water maintains in blood is for some wise purpose. Take it away and we have less than one-third of the whole amount left. Then if we add to the water 780 and the coloring matter 133 parts, we have more than 900 parts in these two constituents, leaving less than one-tenth of the whole amount of blood to be distributed among the organic and earthy matter. What a plea we find here for water, a demand which we must constantly supply to give the blood its healthy proportions. No temperance lecturer pleads more eloquently for wafer than does the blood. No amount of cajoling or bribery will keep it from constantly uttering its demands for water, and no other fluid so well supplies its place. Wines and liquors only stimulate to a degree which makes the call louder and more fierce when they

have relaxed their stimulating influence and no fluid having taste or smell, can ever supplant it. How could the red globules or corpuscles float in anything but water, and how could they permeate the infinitesimally small capillary tubes, which they can now enter, without this vessel which floats them and which carries them to organs which must die without their constant food? Sooner let us give up our soda biscuit and mince pies, our mansard roofs and four in hand, than part with the pure limpid fluid which is so lavishly and so freely and without price furnished us by an all wise Dispenser of Gifts.

We have referred to mother's milk. We stated that in it we find everything necessary to the nourishment of the child, of every race and clime and condition. In this question of nutrition we can easily see that if the infant finds in this one article, all it needs, could not man, though more mature, satisfy himself with a simple diet which contains all the constituents that he needs for the constantly recurring demands made by his nature?

Remembering then that the blood must have the nutrient and the heat giving properties, we find that the food which is most demanded is the simplest. Under the nutrient, we should recommend the lean of meats, such as beef, bird or fish and potatoes, beans, eggs, milk and wheat. The meat to be easily digested, should be cooked to a rare. The eggs soft boiled, barely curdling the albumen or white. The milk never skimmed as thereby we lose a large part of the casein. The potatoes cooked with the skin on until soft to the little core in the center, which should remain hard. And lastly the wheat should be made into a flour with the kernel on. According to the Patent Office Report, 1847, page 116 the whole grain is more nutritious by half, than the fine flour which our millers grind and bolt. The same report shows the difference in weight of a barrel of flour without the bran and when only the outer coating of the wheat is taken off. It says: The weight of the bran or outer coating, would, in the common superfine flour, constitute the offal weighing about 5¼ pounds to the barrel of flour, while the ordinary

weight of offal is 65 to 70 pounds to each barrel of flour, showing a gain of 59¼ to 65 pounds of wheat in every barrel thus showing an immense loss in the earthy constituents lost in the offal of the bran.

Still further, chemical analysis of the incisors of man shows:

	Cementum.	Dentine.	Enamel.
Organic Matter	29.27	28.70	3.59
Earthy Matter	70.73	71.30	96.41

Here we see the loss sustained in using bolted flour when the enamel, that hardest of all bone, has 96.41 parts of 100 of earthy matter.

If we look to the analysis of bone we find the following, viz:

Organic Matter 32.56. Earthy Matter 67.44.

Making in bone, the largest portion consist of earthy matter. Instructive as this may be, it must be put into practice to result in the good which it could do. Just how important this question of food is, no one knows better than the physiologist, and it would seem that just in proportion as its importance increases the races ignore it. Here we may discover one of the sources so prolific and fruitful in producing decayed teeth. The teeth like the muscles must receive their sustenance from the blood. If the blood be deficient in that which produces earthy matter in the place of healthy crusta petrosa, dentine and enamel, we have only a semblance of it, which, before they have fairly erupted, show signs of decay, in deep fissure cavities and milky and chalky fabrics as easily cut away with a sharp instrument as the surgeon's lance opens an abscess or sections a tumor.

The heat giving principle we find in the usual food, in milk, wheaten bread, potatoes, arrow root, corn and in most vegetable matter and in sugar, anything that abounds in carbon.

We part reluctantly with this part of our subject, because in it we believe we have found the germ which will disclose to us not only the reasons but the remedy, in many instances, for many of the diseases and conditions which have baffled the skill of physicians. It is in vain that we are told that these deficiencies are supplied by the pharmacy. Drugs are

not so palatable as food and the latter if properly and in good time applied, might in many instances dispense with doctor's bills and pills.

We should like to stop just here but for the fact that we have said nothing of the processes of digestion, circulation, respiration nor yet of gestation, all of which are correlatives to our subject, but which we must for the present pass by, to devote the remainder of this paper to the process of assimilation.

First then we assume that assimilation begins when any part of the blood arrives at that condition which enables the tissue to appropriate it. Just how this is done it is not our purpose to enquire.

When the minutest miscroscopical investigation fails to disclose the how, such a question is beyond our present range.

We merely recognize the fact that the blood arriving at a certain condition is metamorphosed by affinities into muscle, bone and enamel. With the exception of the latter disintegration results when its offices have been fulfilled and new pabulum arrives to supply the waste occasioned by this disintegration. Just what this condition is, is best explained when we understand the process of transformation or metamorphosis going on in the organs when the blood is brought into contact with them. There is this peculiarity which we discover in starting upon such a journey with the blood in its circuit through the body. We find in it nothing resembling the organs themselves nor the tissues, bone or enamel. Yet here we see like becoming unlike, and unlike like. A conjugal relationship, if you please, which is ready to take on the solemn and responsible duties of existence so soon as the ministerial *ipse dixit* has pronounced the union of two, one. This ministerial office is performed by the cells of each organ and the metamorphosis occurs when the elements in the blood come in contact with these cells having the appropriating power. This power is limited and is very choice of its affinities, so much so indeed that the cell generally finds but one element in the blood for which it seems to care at all. There may be many other elements there awaiting an invita-

tion to come in but they wait in vain, until they have been carried by the circulation to a place which, like the preceeding, is only refusing anything and everything which presents, until it has at last found the love with which it can affiliate and the union occurs. This is secretion. How lovingly and eloquently we are taught that there should be bounds set by man, on his passions and appetites. Here we see no discords marring the harmony and symmetry of the existence of the elements. There is no voracious cannibalistic propensities. There we look in vain for divorce courts. These elements have found their affinities and death only comes when their mission is complete and perfect; when the transition occurs, so peacefully and quietly and imperceptibly that they have no funeral processions, no dirges, no requiums. There is also this peculiarity in regard to these affinities. We said in our last paragraph that the appropriating power was limited. Limited not only as to the affinity but also as to the amount. The cell, like an ounce bottle, can only take up the amount circumscribed by its capacity. This satisfied, the work ceases until the child is born and sent out on its mission, leaving behind it nothing but the space it occupied in its parents heart to be again possessed by new comers brought to its door by the blood. Now if the blood fails to thus bring with it this element as it enters the organ for which it has an affinity, the organ refuses to commit a fornication, or if you prefer an indiscretion and as a result its desires are not satisfied. It pines and withers and wrinkles, it refuses to be comforted and its career ends, when the effort to find that for which it has an affinity proves fruitless. This is death.

The importance then of directing our attention to the constituents of the blood, I mean the food we eat, is here made apparent. Unless we have the nutrient properties which satisfy the demands made by these different organs, the organs must cease to act and the result of such a cessation must be first, disease, then death. With the death of the organs, our hopes of building up tissue die also. When the little cells have performed their work and sent out the result of their affinities, we find the blood carrying hither and thither

these products until they, like their grand parents, arrive at a threshold awaiting their coming.

The tissue is standing with eager straining eyes anxiously watching every passenger as he passes by the door until the well known face arrives. It has never seen it before, but it is nevertheless well known and it embraces it with an affectionate grasp until it spreads to its utmost limits in its new territory. From its start as a child from the cell, it has grown in its new relationship to be a mature being. It lengthens and broadens and deepens until it envelops within its folds, not only its parent cell but the house in which the parent cell lives, the organ and indeed is no niggard but refuses not to cover and protect several organs. Its usefulness is unlimited. It grasps with an iron hand, the femur and holds it to the tibia and fibula. It lays its affectionate arms around the inferior maxilla and brings it against its antagonist the superior. Thus by its kind offices, while it may call for its utmost powers of endurance, it assists in masticating the food which will at some future period be transformed into chyme and chyle, and enter the blood, which in its turn will bring straight to the scene of action occupied by it, perhaps to supplant it, perhaps to number its days of usefulness and drawing it from its abode, watch its decease with solicitude and care.

Ophthalmology and Otology.

Proliferous Inflammation of the Middle Ear. C. H. von Tagen, M. D., Cleveland, O.

The distinctive prefix to this term is derived from the Latin proles meaning offspring, and ferre, to bear. For instance a

proliferous cyst is one that produces highly organized or even vascular structures.

Subjective symptoms. Some patients present themselves for treatment whose cases present no subjective symptoms whatever. In most confirmed cases the symptoms may be present, but invariably are of a much less positive form. Loss of hearing which of course is an objective symptom being the principal and I might add only appreciable symptom. These are not afflicted with sore throat and no apparent increase of pharyngeal or nasal secretion. Some will complain of a feeling of fullness in the ear and nearly all of tinnitus aurium or ringing in the organ, in fact this latter symptom is more persistent and marked in this the proliferous form than in the catarrhal. This feature may be accepted as a matter of fact, and for the reason that the causes in the proliferous variety of middle ear affection are constantly acting while in the catarrhal variety, the transient removal of the increased secretion of the part will generally modify this ringing sound and again will completely dissipate it.

The origin of the proliferous form can not be traced back to infantile life and its concomitant affections. It steals on very insiduously and is usually under full headway impairing the function of hearing long before the patient is aware of the affliction that threatens him.

In exceptional cases proliferous and catarrhal affections may exist at the same time in one ear when to make a differential diagnosis is rather difficult.

Let us now consider the *objective* symptoms of chronic catarrhal non suppurative inflammation of the middle ear and I propose to classify them in the order of their invasion.

1. Naso-pharyngeal inflammation.

2. Imperfect action or stoppage induced by change of structure of the eustachian tubes and tympanic cavity changes, structural, of the membrane tympanic and as a necessary consequence impairment of hearing.

Simply by excluding the first named symptom, viz: naso-pharyngeal inflammation and we have likewise the *objective* symptoms of proliferous inflammation of the middle ear.

Tests. The ordinary tuning fork is one of the most positive means of diagnosing affections of the middle ear from those of the labyrinth or internal ear. It is especially so in the proliferous form for the reason that subjective and objective symptoms when taken together form such a decided similarity that it would be difficult to fall into error as to the nature and seat of the disease.

Again in the proliferous form both sets of symptoms are frequently of such opposite results, so negative in their character that in the absence of this instrument, we would fall into some doubt as to whether we were dealing with a peripheric or central disease.

It is a well established fact that the auditory canal of a person having healthy ears, by placing a tuning fork, set to vibrating, upon the vertex and closing one ear the sound emitted by the fork will be heard best in the closed ear. The same result, precisely, is obtained when disease invades the auditory canal and middle ear.

According to experiments conducted by Politzer, who probably was the first to explain this singular and apparent contradiction, viz: the increased perception of sound in the closed meatus, is dependent upon two causes. (These experiments may be found in detail in the Archiv fur Ohrenheilkunde.)

He states thus: 1st The waves of sound that have been emitted through the bones of the head to the air in the external auditory canal are reflected back upon the membrane tympanic and ossicula auditus.

2d. The passing out of the waves of sound which have reached the labyrinth and cavity of the tympanum through the same bones, is prevented by the obstacle these sounds meet in the closed ear. This second condition or cause is also in accordance with Mach's theory. We thus see that both these authors explain the phenomena of increased perception of the waves of sound conveyed through the skull bones in an ear whose outer or peripheric portions are obstructed by disease or some mechanical cause, for here let me add that the same result is obtained when the ears contain impacted cerumen or wax. Entirely then by these theories that the loss of

sound is prevented by the obstruction to its being reflected from the auditory canal and that the force of the waves is likewise intensified by their being thrown back upon the auditory nerve.

Prof. Politzer has striven to make the test of the tuning fork more objective and decided that it is less dependent upon the statement of the patient, by the use of a diagnostic tube constructed with three arms. He places one arm of the apparatus in each ear of the patient, the operator interrupts alternately the sound transmitted through the vibrating tuning fork through these arms to his own ears by compressing one of them with the finger. Should the sound be heard to pass more distinctly through one of the arms of the apparatus than the other it may then be decided that the seat of obstruction to the sound as well as hearing is located in the middle ear of the side examined which in turn intensifies the impression of sound produced on the sensorium of the listener as well as that of the patient.

This theory may be readily tested practically by a very simple process thus: Place a plug of cotton in one meatus externus of a person whose ears are equally good hearing, then apply Politzer's triple-armed diagnostic tube, and you will find that the loudest sound will be emitted from the ear in which the cotton plug was inserted. In a case of decided catarrh of the middle ear, when the tuning fork is heard in the better ear, as may sometimes be the case, it is reasonable to assume that the lesion is to be found in the labyrinth or internal ear, such a condition for instance as had been suggested by Politzer and Swartze, as "fluxion toward the labyrinth with serous exudation in the nerve structure. As soon however as the pressure consequent upon this pathological condition of the labyrinth has been removed by treatment, the tuning fork will be heard better on the affected side.

Politzer again intreprets the fact that in cases in which the membrane tympanic is perforated the tuning fork is heard best in the affected ear; and two reasons are asserted by him to explain this.

1st. The mobility of the ossicular auditus, by which the

passage outward of the waves of sound that have once reached the babyrinth is retarded, *i. e.* lessened.

2d. By perforation of the tympanic membrane or drum head, the auditory canal, (meatus auditorius externus) and tympanic cavity or middle ear are converted into one space as it were, and as a consequence we have a greater resonance produced from the larger air chamber, which acts upon the fenestra ovalis and rotunda and increases the intensity of the perceptive power of the labyrinth. The tuning fork used by Politzer in conducting his experiments, corresponds to the second C. in the base, vibrating 512 times in the second.

When striking it two distinct tones may be noted. One the base sound and this is domlnant, the other the higher tone; either one or the other predominates according as the density of the substance against which the instrument is struck. As a means of diagnosis, it can hardly be regarded an accurate means of diagnosis. The predominance of the upper sound is at times, confusing to the patient. This objective feature in the use of this instrument may be met by affixing a pair of clamps to the ends of the blades and there secured by means of small screws. Now if the fork be struck with a hard substance only the dominant is perceptible.

Dr. Schaar, of Vienna, states that gentle pressure upon the lower portion of the blades (just at their base) will diminish the intensity of the upper tone, and thus but the one sound is apparent. The value of the tuning fork, as a means of diagnosis in deafness has thus been much increased in value. Time and space will not permit me to go into a description in detail regarding the Interference Otoscope of Dr. A. Lucae, of Berlin, by means of which he proposes a new method of examining the ear for physiological and diagnostic purposes, an account of which will be found in the "Archives fur Ohrenheilkunde, Bd. 3."

Therapeutics. As stated in the body of this paper, the nasal passages are the original seat of invasion, and not only is this the case but each repetition of cold subsequently contracted will awaken into a state of activity (for the while at least) the pre-existing sub-acute or chronic condition, as the case

may be. For this condition *Aconite* is the sovereign remedy, and will be found indicated when the following symptoms are present: Sneezing, coryza, feverish condition, painful pressure and constriction, especially at the root of the nose. First a dryness then profuse flow of clear water mucous from the nostrils, more or less suffusion of the eyes. When promptly met, these symptoms will speedily subside under the influence of the remedy. Should, however, as is most generally the case, the patient lay the flattering unction to his soul that it is nothing but a cold in the head and that it will run itself out unaided by medicine, he will sooner or later experience in addition to the symptoms already enumerated, a sensation of stoppage, in one or both ears, particularly the left with tearing, pressure or pain, feeling as if a drop of water were in the ear, dryness of the fauces, usually with thirst; *roaring in the ears and sensitiveness to noises.* When the ear is invaded a sensation as if a worm were crawling in the ear. There may be roaring, humming, hissing or buzzing in the ears.

If the usual tetss for hearing are now applied the acuteness of that sense will be found to be some what obtuse, *i. e.* not entirely normal.

As a test for normal hearing a lever watch, wound up at the time, should be heard at a distance of four feet. Or a tuning fork set to vibrating and then placed over the mastoid process, instructing the patient to quickly signal the operator, by the raising of his hand on the instant that the vibration ceases to their hearing, the operator then immediately transfers the instrument to a corresponding point on his own head, will thereby be able to detect (if his own hearing be normal) whether there be any difference between his own and his patient's hearing. Such will usually prove to be the case, when aural catarrh is present. The latter or tuning fork test, I regard as the nicer and more accurate test of the two.

It is no unusual circumstance to find the eustachian tube of one or both ears obstructed as a sequence of the catarrhal condition, which may be relieved by one of two plans viz: the Valsalva or Politzer method.

The first is accomplished by the patient closing both nostrils with the thumb and index finger of either hand, then drawing a full inspiration, closing the mouth tightly he makes the effort to force air up into the head. In mild cases this will often succeed, again it may fail. Should it prove successful the patient will experience a sense of fullness in the closed tube followed immediately by a sharp click in the corresponding ear. Should this effort fail after two or three such attempts, then the Politzer bag should be resorted to. This apparatus consists of an India rubber bag, fitted with a flexible rubber tube some two feet or more in length, at the end of which is a hard rubber nozzle, flattened to fit the anterior nares. The patient being seated is requested to take a swallow of water, holding the same in his mouth until directed by the operator to perform deglutition. The tube is now inserted into the nostril corresponding to the obstructed tube and the nostrils on both sides being well compressed, the patient is signaled to swallow, instantly the bag is compressed by the operator and then if successful the patient will experience the sensation already described. Two or three such efforts should be made; if not successful at first, and thus repeated from day to day until the tube is released and the hearing is fully restored.

Arsenicum Album. Especially efficacious in the subacute stage of catarrh, when from neglect or other cause the catarrh advances or does not yield entirely to some other previously indicated remedy, *Aconite* or *Bell.* for instance. The following symptoms call for *Arsenic*, great heaviness in the head with humming in the ears, patient feels better in the open air, but returns on entering the room; ringing noise in the head; tickling sensation in the larynx with cough; ***sensation during motion as if the brain moved against the skull.***

Belladonna. Roaring in the ear, with throbbing, particularly on the right side; parotid gland red and swollen; sharp thrusts of pain, deep in the ear; fluent coryza of nostrils, smelling to the patient like herring brine; hardness of hearing from taking cold after cutting the hair.

Calcarea Carbonica. Especially in cases easily disposed to take cold; sensitiveness to shrill sounds; crackling sounds in the ears when chewing; singing in the ears, with snapping as from electric sparks; sore, ulcerated nostrils, patient sneezes readily, odor of rotten eggs or gun powder in nose, to patient; chronic long standing cases of catarrhal deafness.

Chamomilla. Lacerating in the ears, with noise as from the sound of rushing waters; especially adapted to young children; *Fluent Coryza* and suffusion of the eyes; tingling in the ears.

Mercurius Bi Jod. Coryza with much sneezing; follicular enlargements in the pharynx, on posterior wall; enlarged tonsils.

Lachesis. Dryness especially of left ear, roaring and drumming sound in the ears, sense of coldness in the affected ear and side of head, dry scurfy condition of the nostrils, discharge of pus and blood from the nose.

Hepar Sulph. Whizzing and throbbing in the ears; report of an explosion or detonation in the ear when blowing the nose.

Graphites. Hissing in the ear; itching behind the ear and detonation when swallowing.

Kreosotum. Hardness of hearing with buzzing.

Sulphur. Especially in strumous temperaments: otalgia, whizzing in the ears. When swallowing or sneezing a violent pressure is experienced in the ears; stiching pain from the fauces into the ears.

Sepia. Sudden attacks of brief deafness; *sensitive to musical sounds*; *roaring in* the ears; herpes on the lobe, behind the ear, or on the nape of the neck; dragging pain in both ears.

Phosphorus. Affections of the ears following typhoid fever; deafness with sensation as if a foreign body were lodged in the ear: humming in the ears; *violent itching in the ears; dragging pain in the ears.*

Taking Out the Eye. By T. P. Wilson, M. D., Professor of Eye and Ear Diseases, Pulte Medical College.

This is a formidable surgical feat in the minds of the uninformed. And one of the most universal ideas entertained is that oculists are accustomed to take out the eye and cleanse and scrape it and put it back in its place much improved in appearance and function. A denial of this only confirms the impression and it seems useless to try and remove the belief from its firm hold on the minds of the ignorant.

But taking out the eye, so as to rid the orbit of it finally, is considered an operation of formidable character even in the minds of the medical profession, much more so in the minds of laymen. There is so decided a prejudice to this operation, that in cases where it becomes an imperative necessity we are very much obstructed in securing the permission desired. It is something so near decapitation in vulgar estimation, few willingly run the risk, and so the most ruinous consequences are entailed.

Now it is time the right view of this matter should be entertained, by the medical profession at least. And for this reason chiefly: Experience shows us that the necessity for this operation is much more frequent than we formerly supposed.

Instead of being rare, the occasions are really numerous in which we can do nothing so desirable as taking out the eye. And experience has taught us that the operation is comparatively simple; by no means grave or fraught with special danger.

I have no intention of elaborating these points at this time, but to give the history of a few cases by way of illustration.

Case I. J. B., a farmer about 50, of robust constitution, patient of Dr. C. A. Mills, of New London, Ohio. For several months a rapid growth of tissue had been going on from the superior internal angle of right eye. Quite recently it had taken to bleeding and had protruded so as to cover the eye

ball from sight. It had all the appearance of a fungous hæmatode and was so pronounced by several competent surgeons. I removed the entire contents of the orbit (extirpation.) This was easily done and the parts healed up rapidly. Two and a half years subsequently, the patient writes me that he is in splendid health with no return of the disease.

Case II. J. E. S., a lady about 35, suffered one year from purulent conjunctivitis and its results. Right eye, cornea opaque, except a narrow border. Tension of eye ball much increased. Has quantitative perception of light; pain continuous but not severe; left eye suffering from results of former inflammation; and though not showing positive signs of sympathetic ophthalmia, yet its function seemed much impeded and recovery retarded through sympathy. I first performed a large iridectomy on the right eye. Immediate result, cessation of all pain and for several weeks great general improvement. Then the pain returned, but in less degree in right eye, though the tension remained normal. After two months patient returned and I found the parts as above stated, the general health impaired; wasted in flesh; hair prematurely gray; face wrinkled; nervous, wakeful, fretful and without appetite. I took the eye ball out at once, (enucleation.) The recovery was prompt and the patient writes in four weeks after "O the bliss of being free from pain! I have now a ravenous appetite and have gained six pounds in flesh, I am perfectly well and the left eye is much improved."

Case III. W. H., aged about 50, though he looked like a man of 80. Right eye had been operated on years ago, with loss of sight; ball shrunken and tender. Left eye, tension minus, lens opaque and iris free and mobile. The patient amused me for nearly an hour describing the moving objects he saw with that eye. He had watched and catalogued them during the past ten years, and the affair was reduced to a science. He had no other employment and could entertain his auditors with most graphic accounts of variously colored bodies, waves of light, flashes of lightning, balloons, birds, clouds and flies, *ad infinitum.* A sudden motion of the head would set all these in active motion, due in part to the rocking of

the liquid shrunken vitreous, so the patient had acquired the unpleasant habit of giving his head frequently a jerk. The eye ball was constantly tender and painful. This condition of things had engendered a curiously abnormal state of the mind and this had so reacted on his physical condition that he looked haggard and worn beyond description.

The suggestion made of taking the eye out was repelled at once, but it is my opinion if this had been submitted to, the result would have wrought a complete change in the mental and physical condition of the patient.

Now this point is to be emphasized that when the sight of an eye ball is diminished beyond a point of usefulness and is a source of pain or bodily or mental distress, as a rule, it should be taken out. This greatly enlarges the application of the operation beyond the narrow limits laid down in our text books. But so it is, our experience modifies and improves our knowledge, and as we glean out our facts they must be allowed to affect our rules of action.

The Daviel Spoon.

This little instrument is well known to the oculist. It is a shallow narrow spoon, about one inch in length and a little more than a line in breadth. Its chief use is in cataract operations to aid in extracting the lens. But experience has led me to enlarge its field of usefulness. To the aurist it is of much greater value than to the oculist. In clearing the meatus of loose obstructions and exploring its condition, it is an instrument unequaled. The convex surface of the spoon is much better than any probe can be in feeling for furuncles. We are often puzzled to find the exact locality of these abscesses. An ordinary probe is quite as apt to hurt one place

as another, but the Daviel spoon will glide over the surface with smoothness and ease, touching it at all points and revealing with certainty and exactness, the affected spot. Looking this up with a view to lancing the parts, an operation of great necessity, and realizing how easy it is to miss the point by even so much as a hair's breadth and so fail of giving relief, it is easy to see that the operator desires nothing so much as exact knowledge. The concave surface of the spoon is admirably fitted to clear off the surface under examination. And besides this I have often used it to hold various escharotic powders, and, in this way, carry them into the meatus and press them against the affected parts, and thus protect the other parts from injury. In more ways than I have time to describe, this instrument is of daily use, and so has become an indispensable favorite. T. P. W.

Materia Medica.

Penthorum Sedoides, or Virginia Stone Crop. By D. B. Morrow, M. D., Cincinnati, O.,

In a conversation with an Eclectic, he said, that, in his opinion, many symptoms obtained in homœopathic provings of remedies were obtained from the imagination of the prover rather than the drug effects. A few days afterwards, he requested me to prove a remedy which I agreed to do when assured that it was really new. He accordingly furnished me about a half ounce of a dirty looking mixture with the remark that he had taken a 10 drop dose and experienced the most curious sensations and that they continued five days,

and that he could write up a proving of a great remedy. On examining the mixture it had the smell of sorghum molasses with a slightly astringent effect on the mucous surface of the buccal cavity and a bitter but not disagreeable taste. Its reaction was acid as shown on litmus paper. When dropped in cold water it threw down a considerable resinous sediment, probably tannic acid.

On the 15th of September I took ten drops of the tincture in some water and experienced no sensation that seemed to be drug action. An hour afterwards, took 20 drops more which was soon followed by a feeling on the tongue similar to that produced by *Aconite*, an increased flow of saliva, a feeling in my nose as though a violent coryza would set in, but it did not, (Have an old catarrh in the left posterior nares.) The sputa from nose thickened; not changed in quantity. Afterwards a feeling in the trachea and bronchi as if a coryza would come on; followed by a feeling of constriction which passed through the chest from above downward.

A few very cold chills rushed in succession up the spinal column.

A fulness in supra-orbital region and forehead or sinciput. (Ate a hearty dinner.) The pulse remained regular at 58.

At 3 p. m. took 40 drops; the above symptoms were confirmed; the nares felt stuffed as if the mucous membrane was swollen; the fulness in the sinciput became an ache as if a weight pressed down on the region of comparison or in the median line?

Mind dull and sluggish, interfering with my reading. Had eructations and dejections of small balls and odorless flatus expelled with force; an uneasy clawing feeling about the umbilicus, which gradually descended to the lower bowel. Borborygmous throughout the abdomen. For several days fluids left a sensation as if a ball had lodged just below the glottis and swelled up. Fluids were sometimes swallowed with difficulty from a seeming constriction of the æsophagus at that point. Urine clear, more frequent than normal. (Supper.) Increased appetite, food digested better than common.

Headache continued until bedtime. Went to hear Bout-

well, but could follow his argument with difficulty. Much annoyed by little noises that the audience made.

Itching of the hairy scalp.

Twitching of muscles of abdomen.

Prickings in the skin like fine hot needles.

Fantastic dreams.

Sexual orgasm and discharge of semen.

Parieties of abdomen seemed thickened.

The arm went to sleep, hands felt swollen.

Coughing in the morning coming from deep in the chest, with slight soreness throughout. Discharge from nares thick streaked with bright blood, with an odor as from an open sore. Urine still clear and increased. A burning along the urethra when micturating.

A feeling in the rectum as though a worm tried to escape followed by itching at the arms. Had been costive: This morning had two natural stools, without straining or other symptom.

Nine a. m. Sept. 16, took 60 drops. The catarrhal feeling, headache and itching of skin all came on again. At 10 took 50 drops.

Mind so dull I could not read, reclined upon the lounge, a floating sensation or vertigo while lying. Flow of urine continued in increased flow for more than a week. The burning in urethra continued and the bladder became sore on pressure. Had a dull aching pain in region of kidneys. Before commencing the proving had a dull aching pain, heat and soreness in the sacrum. This sacral pain was cured.

While reclining on the lounge the muscles of the left leg were suddenly contracted as in starting, in a moment the right leg performed the same maneuver.

The legs felt weak and trembling for several days.

Burning and itching of the inner superior tarsal border, continuing for several days with a tendency to lachrymation.

The itching and burning of skin and scalp were persistent symptoms.

During all the proving and for some days afterwards I was very despondent and discouraged, everything was wrong excepting dinner for which I had a huge appetite.

Not knowing how many of those symptoms were due to imagination or accidental state of health, I waited until the urine had resumed its normal condition and proved again.

Urine was actively acid and threw down a deposit with *Nitric. acid*, boiled, *Sulphuric acid*, *Argent. Nitric.* and *Ammonia.* The next day after taking 100 drops the urine was alkaline, as shown by its changing litmus red to blue, and it threw down deposit only with *Argentum Nitrum.*

Tongue felt as if burnt or scalded. Tremulous feeling in legs and soreness in knees. The catarrhal symptoms repeated themselves. The headache extended through the basilar region from back to front; shoulders, knees and muscles of neck. The aching in the sacral region reappeared and subsided when the effects of the drug wore off.

Had a soreness in the epigastrium, produced before but not recorded because thought idiopathic. Voluptuous dreams. The cough and soreness in trachea returned, as did the urinary symptoms, though not so persistent as during the first proving. Burning in rectum at stool, continuing through the forenoon. Increased sexual desire, probably from the excitement set up in the urinary system. An old impetiginous eruption reappeared on legs.

Dr. Scudder experienced frontal headache with morning diarrhœa from ten drops, and clinic appearing thus afflicted, he gave him the drug and cured him in an hour.

I remarked to him that it was a probable catarrh remedy and on the strength of the suggestion he treated a patient topically with speedy good results.

The remedy has a general action on the mucous membrane and skin, and is a probable remedy for catarrhs of the nose and bronchi and for renal and vesical diseases and may be a valuable acquisition to materia medica for such troubles.

Theory and Practice.

Psoric Theory. Read by A. McNeil, M. D., New Albany, before the Indiana Institute of Homœopathy.

The bard of Avon, said: "A rose by any other name would smell as sweet." But many are of the opinion that a rose by any other name would stink.

The objection which is urged against the psoric theory most frequently is the name, which its opponents call the itch theory. I deny that Hahnemann used psora as interchangeable with what we now call itch. Hahnemann was acquainted with the existence of the acarus scabei. In an article published in a German medical journal in 1792, (*vide* British Journal of Homœopathy, Vol. XXI, page 670,) he accurately described the itch mite. So that he wrote the Chronic Diseases knowing all about the discovery which has been so often said to destroy the psoric theory.

The word psora, as used by Hahnemann, was employed in its generic sense. He says: "Chronic Diseases," Vol. I, page 21, "This internal enemy I shall designate by the general term *psora.* He further enumerates besides the general term itch, (*vide* Chronic Diseases, Vol. I, from pp. 35 to page 45,) pustules or herpes, tinea, tinea capitis, moist herpes, itch upon the face and pudenda, localities which true scabies never invades. That such was the meaning attached to the term at that time is clearly shown by Copeland who says that the ancients comprehended under the names psora and scabies besides itch, properly so called eczema prurigo, lichen and icthyma, and such was understood by itch up to the year 1834, when the presence of an insect in the vesicles of a certain cataneous eruption was generally acknowledged. This fact became forthwith the basis of a new subdivision in ves-

icular eruptions. Itch then, in the severe and restricted use of the term, is a disease, our generally accepted knowledge of which dates from the year 1834. What is found in medical works written previous to that date, means equally eczema lichen, prurigo, etc.

Is the suppression of these cutaneous diseases followed by bad effects?

I think no one will have the hardihood to deny this. Any of us who has a medical education and any powers of observation, can remember many cases. We frequently meet with patients who have two different diseases, or what in the generally accepted diagnosis would be accepted as such. One of these is a disease of the skin, the other a disease of some of the viscera. I will trespass on your time to give you a case from my own practice. A lady about 35 years of age had been afflicted about 15 years, with the exception of short intervals, with an indolent ulcer on the leg. It had been healed several times by the application of various salves, ointments, etc. But always soon after healing the ulcer, she would be attacked by the most violent colics. These ulcers and the colic alternated, *never both at once.* I gave her *Calcalera Carb.* 200 and cured both the ulcer and the colic. Virchow, in his collected essays, page 209, says:

"In the lymphatic glands the anatomical change, *per se*, does not commonly take on the character of the inflammatory infiltration, which, as is well known, usually leads to induration (formation of connective tissue) or suppuration, although both sometimes appear in the well known leucæmia. But, in place of it there is found in such subjects, a very striking tendency to inflammation of the superficial lymphatics and to furuncular eruptions upon the skin, just as taking cold is proportionally often assumed as the cause of the first, frequently rheumatoid phenomena. Of course this cause, as every one knows, who has anamnestic experience, is a very doubtful one, and, as regards the inflammation of the lymphatics and the furuncular eruptions, it is first to be determined whether they are not rather the *result* of the disease. Meanwhile one should not forget how long a time has elapsed

since he has convinced himself that scrofulous glandular swellings are occasioned by diseases of the skin, of the mucous membranes, etc., which are frequently transient and overlooked by the patient himself and his friends, and that they subsequently assume that apparently independent character, by which they make themselves so conspicuous. Even in cases of leucæmia it is surely much more reasonable to admit of such an origin, than to refer it to any primary deterioration of the blood.

I might go on *ad infinitum* and quote authorities to corroborate this point. But I ask you to turn your eyes over your own practice where you will be able to confirm it. In the advance of medical science many recent discoveries also sustain it.

One of our own authors heralds to the world what he calls a discovery calculated to revolutionize medicine, viz: That all drugs are divided into two great classes according to the system of nerves upon which they act, viz: On the cerebro-spinal or animal nervous system or the ganglionic vegetative system of nerves. Now if we take a glance at the classification, we will perceive that in the first are placed all the non-anti-psorics and in the other all the anti-psorics, anti-sycotics and anti-syphilitics. Rademacher classifies disease into three classes, I quote from Grauvogl, "Its copper series corresponds very closely to the Hahnemannian psora. Its iron and natrum nitricum series almost exactly to two different forms of sycosis."

Virchow's Leucothemia corresponds so closely to Hahnemann's Sycosis, that except for the microscopical examinations the description is very similar. Of course syphilis of all schools corresponds, and the allopathic scrofulous dyscrasia has an almost exact resemblance to psora. Grauvogl establishes three bodily constitutions, viz: The carbo-nitrogenoid is the psoric, the hydro-genoid is the sycotic, and the oxogenoid is nearly related to syphilis.

The coincidences are certainly remarkable, men of different schools viewing from different stand points, agree in the

main points. This coincidence can only be accounted for on the hypothesis that they are based on nature's laws.

But some will reply, "what is the difference as long as I prescribe according to the law of the similars; I will choose the right remedy and of course will cure. I will illustrate the fallacy of this by giving a leaf from my own practice. I had a case of a married lady, who was afflicted by a protean malady. The most conspicuous feature was an extraordinary susceptibility to cold, so that she could not go out of the house for months at a time. If she did she would be attacked by a swelling of the tonsils, which reached a high grade of painfulness. I could not learn that she had ever had any eruption or sores. The symptoms of the throat aroused my suspicions. But I knew that she had always been virtuous and I had no reason to suspect her husband. After a close study of the case I prescribed *Rhus. Tox.* 30. It acted finely for a while but lost its effect and she began to retrograde; on a re-examination *Rhus* still appeared to be indicated, I gave it in the 1200th, she again improved for a time and again retrograded. I then gave her the 75m which also helped, about this time I received a letter from her husband, saying that he had been reading a medical work and concluded that syphilis still lurked in his system. I thereupon sent *Merc. Sol.* 30. It worked like a charm and by going higher, effected a cure. He stated that to his knowledge his wife had never had any sores or eruptions. Here a knowledge of the anamnesis was absolutely necessary to perform a cure. And in many other cases the same thing will occur. A knowledge of all the symptoms present is not sufficient to enable us to effect a cure in all cases.

I lay no stress on the name; you may call it psora with Hahnemann, dyscrasia with the allopaths or adopt Rademacher's nomenclature; or the bodily constitutions of Grauvogl; but until something better is produced, Hahnemann's phraseolgy is good enough.

I would here appeal to you to institute a closer reading of Hahnemann's works, both yourselves and your stu-

dents. It is a disgrace to say that many of our students graduate without ever looking inside of those works which will ever be immortal. Thanking you for your attention, I am done.

The Twenty-Fourth Semi-Annual Meeting of the Homœopathic Medical Society, of the State of New York. Sept. 22, '75

Bureau of Materia Medica.

Dr. Allen supplemented his report by calling the attention of the members to the necessity of a careful proving of *Cinnamon*, a remedy known to control hæmorrhages. He stated that it was claimed by some physicians that the action of *Cinnamon* was increased by giving it in connection with *Sulphuric Acid*; he doubted whether the drugs had any chemical affinity; believed their efficiency due to their individuality rather than to their combination.

Jaborandi.—A proving of this remedy by W. Irving Thayer, of Brooklyn, was read. *Jaborandi* possesses the remarkable property of inducing within a few minutes the most copious diaphoresis and salivation as well as profuse secretion from most of the glandular structures of the body. It has been lately shown that *Belladonna* antidotes the action of this substance. *Jaborandi* in some cases produces no sweat and no salivation, but a series of symptoms characteristic of a suppression of these secretions: these symptoms are very similar to those produced by *Belladonna*. In this proving a condition was brought about by the use of the drug so distressing that the prover was compelled to take *Belladonna* in order to control the severity of the symptoms. The primary effects upon the prover was constipation; two days subsequent, well defined diarrhœa, febrile symptoms, slight

delirium and unmistakable cardialgia. The diarrhœa continued for some days; yellow, watery, *painless*, gushing, was finally cured by two doses 3d trit. *Gum. Gutt.*

SAPONARIA OR SOAPWORT.—A proving of this drug, by Arthur T. Hills, was presented. When applied directly to the heart gradually retards its action and finally suspends it altogether. And so when applied locally to muscles, it paralyzes those organs. Given in appreciable doses to a cat, produced dysphagia, rattling of mucus in the larynx, flow of saliva, loose cough, stools clay-colored but well formed, or greenish and offensive and well formed; stupidity and inclination to keep quiet. Death is said to result from paralysis of the respiratory centers in the medulla oblongata, and paralysis of the cardiac nerves and muscles. It depresses the circulation, respiration and temperature of the body. Its action is compared with that of *Digitaline.*

BUREAU OF CLINICAL MEDICINE.

Dr. Miller presented a "Repertory to Cephalalgia," with characteristic classification. This paper covers more ground than the original paper, and is intended to give the most important indications for remedies, arranged alphabetically in several sections for convenient reference.

Three Cases of Epilepsy. Dr. J. F. Baker, reports the first case of five years standing was treated with *Sulphur*, 30, a dose every night, by mistake, for two weeks, followed by a decided aggravation of the convulsions. Afterwards no more medicine and perfect cure. Remedy prescribed for scrofulous diathesis. The second case was worse *during the climacteric.* Patient usually *awoke in the morning feeling badly. Lachesis* 41m. one dose. Afterwards it was observed that *involuntary micturition occurred during the paroxysms. Causticum* m, three doses completed the cure. The third case was characterized by the same indication of *Causticum.* There were also scanty menstruation and some leucorrhœa. *Causticum*, m *and Indigo*, 300, alternated at long intervals.

HEREDITARY DISEASES.—Dr. S. M. Griffin states that diseases are doubtless perpetuated by direct transmission of certain predispositions, just as peculiar family traits are trans-

mitted from generation to generation. Every animal tissue and cell-structure derive their character and vitality from the parent cell-structure. Hence their similarity. Illustrations are given from various nations. If the parent cell-structure of the mucous membrane be deficient in vitality, that of the progeny will possess a similar character and a similar tendency to disease. Cancers, tuberculosis, etc., are given as illustrations.

ECZEMA.—Dr. Hawley had abundantly corroborated the following indications for remedies:

Arsenicum.—Itching of the skin and sore burning sensation, following scratching.

Cicuta.—No itching; the exudation dries down into a hard, lemon-colored scab.

Graphites.—Profuse serous exudation; eczema occurring in blondes inclined to obesity.

Rhus Tox.—Incessant itching and scratching; the more they scratch the greater the urgency to scratch.

Arsenicum.—High.—Dr. Brewster reported a case of Chronic eczema of face and scalp, spreading from the ear with *a fine* vesicle drying down into bran-like scales.

OVARIAN TUMORS.—*Podophyllum* 15m.—Dr. Hawley has with this remedy cured four cases from the size of a hen's egg to half the size of the fist, all located on the *right side. Pain and numbness extending down the corresponding thigh.*

Arsenicum—High.—Dr. Brewster had verified the following indication for the reduction of ovarian tumor. *Pain in the leg, can not keep the foot still.*

Plumbum 12.—Dr. Young cured a case with this characteristic; patient *wanted* to *stretch* the *upper* and *lower limbs* during ovarian pains.

Stramonium 200.—Dr. Miller speedily cured a tumor, size of a hen's egg, attended with some lancinating pains and hysterical convulsions. During the convulsions the *patient shrank back with fear on seeing any one.*

Podophyllum 30 *or* 200.—Dr. Seward completed the cure of an ovarian tumor with this remedy. Indications, pains *extending upward to the shoulder.*

MANIA.—*Belladonna* 1400.—Dr. Brewster cured a case by means of the following indication: ***desire to bite, strike and run away.***

Belladonna 6.—Dr. Seward cured a case by means of same indication.

Poisonous Colors on Wall Paper.—Dr. F. Bigelow reported that *Acet. of Arsenic* is largely used to give a clear, fresh color and delicate shading to wall paper. Test: Wet the paper with ammonia water; pour this off on a piece of clean glass and drop into it a crystal of nitrate of silver. If a yellow precipitate forms around the crystal, it shows the presence of arsenic.

The Curative Sphere of Belladonna.—Dr. Miller reports its mental symptoms and peculiar temperament as compared with those of *Aconite.*

It is indicated in headache with pulsation of the carotid arteries, flushed face, injected eyes and photophobia, worse on the right side, etc. It is contrasted with *Glonoine.*

In sore-throat it is compared with *Mercurius.* Its indications are given in bronchitis and flatulent colic. In prolapsus uteri, dysmenorrhœa and metrorrhagia, as indication is severe downward pressure in uterine region as if everything would be forced out, particularly when walking or stooping, etc.

Hæmorrhoids are so sensitive that the patient has to lie with nates separated.

In erysipelas its indications are heat, swelling and scarlet redness or shining redness.

In hemiphlegia, spasms on one side and paralysis of the other side, with congestion to medulla.

In cerebral affections it is compared with *Gelseminum* and *Lachesis.*

In neuralgia the pains suddenly begin and cease as suddenly.

It has aggravation of pains after 3 p. m. and after midnight; also from touch, motion and the least jar. He had verified its curative sphere in colitis, gastritis, nephralgia and uterine diseases attended with aggravation of pains from the least jar.

It chiefly affects the cerebro-spinal nervous system, while *Aconite* primarily affects the vasomotor nerves.

BRYONIA COMPARED WITH ACONITE AND RHUS TOX.—Dr. Miller states that in pleurisy and rheumatism, *Bryonia* has great aggravation of pain from the least motion; also profuse, sour sweat, easily excited. It has dryness of lips and mouth; dry, brown stool and aggravation of pain in the evening and before midnight.

Whereas *Aconite* has full, hard, frequent pulse, dry, hot skin, red, scanty urine, thirst, restlessness and anxiety and aggravation of symptoms in the evening and after midnight.

In gastric derangements *Bryonia* has nausea, or nausea and faintness on rising from a recumbent position. This he had frequently verified.

Cases of pleurisy or rheumatism curable by *Rhus Tox.* are caused by exposure to wet weather or by straining, lifting, etc., and there is great restlessness occasioned by an aggravation of pain from keeping still. There may be aggravation on first moving, but relief from continued exercise. The tip of the tongue may have a triangular redness. General aggravation after midnight and amelioration from dry, warm applications.

Dr. Hawley prescribed *Rhus Tox.* in typhoid fever when there was triangular redness of the tip of the tongue.

He generally gave *Bryonia* in various complaints when there was a marked aggravation of pain from the least motion. In headache, when the forehead aches as if it would split, but for cough on coming into a warm room, he preferred *Pulsatilla.*

He prescribed *Bryonia* in gastric derangements when after eating there is a sensation of weight like a stone in the stomach and a bitter taste in the mouth, everything tasting bitter. He found it the remedy in rheumatism when there was intense aggravation of pain from motion. *Aconite* does not have this aggravation so prominently, but it has restlessness and anxiety. The *Bryonia* patient is very cross and ugly. He found *Bryonia* curative in constipation with dry, hard, burnt stools.

Dr. Seward had proved *Bryonia* and obtained as a result, severe pain in sole of foot with great lameness. Could not walk; not much swelling.

Dr. Young reported various verifications of *Bryonia.*

"*Poisoning by Arsenic.*"—Dr. Miller states that a lady once persistently took *Fowler's Solution of Arsenic* for erysipelas. Invariably after taking a dose she had the following symptoms: dyspnœa, injected conjunctiva, and eye-balls fixed (like *Cicuta.*) Since then she has several times experienced a return of the same symptoms immediately after taken *Arsenicum* 6.

NASAL CATARRH.—Prof. C. C. Smith, of Philadelphia, gives the following indications for remedies:

1. Salty expectoration. Most prominent remedies, *Arsenicum*, *Nux Vom.*, *Pulsatilla*, *Lycopodium*, *Phosphorus*, and *Sepia.*

2. Transparent mucus like the white of egg. Leading remedy, *Natrum Mur.;* next, *Sulphur;* then *Mercurius.*

Prof. Allen states that *Argentum Nitric.* has nasal discharge like boiled starch. The indications for *Argentum Nit.* were given from the lectures and materia medica of Prof. Allen.

Dr. Miller reported successful treatment of several inveterate cases of nasal catarrh with *Corallium* 6. Indication: accumulation of serous mucus in the pharynx, occasioning constant hawking and spitting. *Argentum Nitric.*, has constant accumulation, hawking, spitting, thick tenacious mucus. And *Kali Bich.* has acrid or thick, yellow, ropy discharge from posterior nares.

PLEURISY.—*Kali Carb.* 200.—Dr. Miller. Indication: *Stitching pains in lower portion of the right lung.*

DIARRHŒA.—*Podophyllum* 3 *or* 6.—Drs. Young and Brewster's report. Indications: child awakes at 3 or 4 a. m. with griping pains in the abdomen, *retching* and fetid, green, yellow or dark stools. Alarming aggravation.

Podophyllum.—Dr. Seward. During every evacuation prolapsus recti, fetid, watery stool and morning aggravation.

Benzoic Acid.—Dr. Hawley. Profuse, watery diarrhœa, running through the diaper. Stools frequent and very offensive. Urine somewhat strong.

NOCTURNAL ENURESIS.—*Ammonium Carb.*—Dr. Greeley reports. Indications: Enuresis occurring any time at night. *Pale urine. Red sediment.*

Chamomilla.—Dr. Miller. Child cross, had to be carried. Whooping cough as a complication.

Æthusa 200.—Dr. Miller. Vomiting coagulated milk after nursing bottle. Greenish, watery diarrhœa.

CLINICAL CASES.—*Veratrum* 30.—Dr. Miller reports as symptoms of Cholera Morbus profuse brownish discharges, thirst, cramps in calves, feet and fingers. Prostration, cold sweat, great weakness after stool.

Hyoscyamus 30.—An aged gentleman had for several days a prostrating diarrhœa. Stools *yellow, watery*, very frequent and always *involuntary during sleep.*

Aloes 30 *or* 300.—Diarrhœa, driving out of the bed very early in the morning (like *Sulphur.*) Stools, yellow fecal, worse after eating, before stool, violent urging; during stool, tenesmus and discharge of much flatus; after stool, faintness. Stools involuntary when passing flatus or urine.

Argentum Nitric. 200.—Indication: very noisy discharge of flatus.

DIPHTHERIA.—*Phytolacca* 3 *or* 200.—Much prostration and severe pain in head, back and extremities. *Apis* has from the beginning great prostration with dirty grey exudation. Ordinarily the albuminous exudation characteristic of the disease is whitish at the commencement.

Lachesis 200.—Exudation first on left side. Aggravation after sleeping. He found *Phytolacca* most frequently indicated.

BUREAU OF OPHTHALMOLOGY.

Dr. Norton presented a paper carefully prepared upon "Ophthalmia Neonatorum and its Treatment with *Argentum Nitricum.*" Special reference in this paper is made to the blenorrhœal form; its etiology is as yet not satisfactorily clear. Experience proves that in the majority of cases it is due to infection from the secretions of the mother, such as a pre-existing leucorrhœa or gonorrhœa. Cases induced by sudden exposure to the light and current of air, noxious va-

pors, excrementitious matters and impurities in general are largely recorded. Attention was called to its infectious character; physicians being liable to communicate it to their own eyes or those of their patients.

Treatment—1st—*Cleanliness.*—Washing out the eyes with lukewarm water frequently, using the palpebral syringe. The remedy is *Argent. Nit.* in potency, administered internally as first suggested by Dr. Dudgeon, will cure nine-tenths of all the cases we meet. Administer the thirtieth potency internally, using externally the third to the thirtieth. The Doctor relates five cases successfully treated with this remedy by way of illustration.

DEPARTMENT OF OTOLOGY.

Dr. Houghton presented a paper on "Galvanism; its Value in the Treatment of Deafness."

The difference between the galvanic and Faradaic currents in origin and in their general physical effects upon the system he clearly defines; results of experience with galvanism in the treatment of diseases of the ear where deafness is the prominent symptom. These are: 1 Acute catarrh of the middle ear. 2. Chronic catarrh of the middle ear. 3. Acute suppuration of the middle ear. 4. Chronic suppuration of the middle ear. Cases of proliferous inflammation with extensive adhesions are cited as successfully treated by galvanism, which the Doctor in his enthusiasm believes will, when fully understood, give to us a power next to omnipotence.

FRANK L. VINCENT, Rec. Sec.

Diphtheria. The Babylonic Confusion in Therapeutics. By Dr. Ad Lippe, Philadelphia, Pa.

The object of this paper is to "*illustrate*" how the mathematical certainty, so logically diagnosticated by C. Hg.* and

*It is possible this "C. Hg." may not be fully understood by all our read-

its fuller development prognosticated by this gentleman, were the necessary sequences of that Freedom of Medical Opinion and action with its vital necessity, adopted by a majority of homœopathists on the 8th day of June, 1870, at Chicago. Mathematical certainties do depend on the acceptance and utilization of fundamental principles; but in medicine we are expected to reach the corresponding amount of certainties by endorsing and accepting all opinions of every body, and the more these opinions are in variance, one with the other, the surer are we expected to arrive at the desired result; this multiplicity of opinions is a vital necessity in causing us to indulge in a mathematical certainty. All this advanced logic we have derived from the progressive development in mock sciences, and now for the illustration.

The new light, the great philosopher and scientist, with his dozen tissue remedies, must be heard first; *he* is a particularly happy man, and comes highly endorsed. Dr. Schuessler tells us of a case of diphtheria he thinks he cured. He (1st. North American Journal of Homœopathy, November, 1875, page 229; 2d. Homœopathische Klinik, 15th of September, 1875, page 151) says: On the 4th of July I was called to see a five year old boy who had diphtheria. The exudation was small, only on one tonsil but both tonsils were swollen. In the forenoon I gave *Kali Chloratum* 6. At 10 p. m. I was again called on account of a general aggravation of the case. The patient had several times vomited a *watery fluid*; the tongue was dry; the face pale red. He had much fever; at times the arm twitched; when questioned he either did not answer at all or as if he were in a dream. This condition induced me to give him *Natrum Mur.* 6 and *Kalium Chloratum in alternation.* They were given alternately every hour. The fol-

ers. Suffice it to say it is not a chemical symbol and does not represent atomic proportions. Neither is it one of Schuesler's tissue remedies, but the venerable and potent defender of them whose endorsement of such a vagary has taken us all by surprise. Now if C. Hg. has, as we all think atomic weight he should know that a few escapades of this sort will reduce the whole thing, symbol, equivalent and all to about this C. Hg^0.—*Ed. Advance.*

lowing morning I received a good report. After the first dose of *Natrum Mur.* the vomiting had ceased; the fever had first become much worse, but had abated after one or one and a half hours duration, etc. The brain symptoms in the above case were caused in the following manner according to MY OPINION. A number of the tissue cells in the brain had lost their *Natr. Mur.* and had thereby lost their ability to retain their watery contents; the ungoverned water effected the nerve cells of the brain as a foreign body; therefore was *Natrum Muriaticum* indicated as the curative salt of the brain affection. ! ! ! ! !

Remarks.—Here is an illustration of the advanced sort of Homœopathy promulgated and practiced by the highly recommended Doctor Schuessler; and is there any Homœopathy in it? We say emphatically, No. Was it a case of diphtheritis? No—and why not? because the characteristic symtoms of diphtheria were *not there!* Is the report of the case becoming a homœopath? No—Dr. S., even does not tell us *uhich* of the tonsils had that speck of exudation on it when he put his nose into the boy's throat. Did he treat the case under the homœopathic law? No—He alternated—he was *not* governed by the law of the similars, but professes to know what was exactly wanting in that boy's brain. Any old woman might tell this exalted healer that ordinary sore throats have been cured many a time by a gargle of salt and water. The boy was evidently made sicker by *Kalium Chloratum*, and the learned doctor by some newly discovered scientific apparatus, at once discovered the absence of kitchen salt in some portions of the brain and behold the miracle, under what his endorser and sponsor calls, his honoring his father, *i. e.* Samuel Hahnemann and his mother, the old school, and he gives *Natrum Muriaticum* 6, and alternates and at once a grave case of diphtheritis (as *he* calls it) recovers.

We next come to relate what Prof. S. Lilienthal, M. D., the advocate of the physiological livery to be put on the body homœopathic has to say. Prof. L., tells us,* that his experience in the last years favors the applicatiou of *Carbolicum*

*Hahnemannian Monthly, September, 1875, page 57.

acid respecting *Phenylic acid*, and the more severe the case was, the more satisfactory was the result. He says: I only use it locally and therefore the great difficulties in swallowing are no contraindication. My atomizer consists in an ordinary toilet spray, a product which can be found on the table of any lady, I fill the bottle with a solution of *Acidi Carbolici*, grs. jj in aqua fontana ʒvi (and for small children still weaker,) and with it wash every hour or half hour, the affected parts. The nerves absorb still sufficiently, to verify the dynamic or constitutional effect of this great curative agent. I find it unnecessary to relate single cases, as they are more or less alike and since I use the *Phenylic acid* alone, sequences have become less frequent. It is now generally accepted as true, that diphtheria depends on a fermenting and putrifying process, and whether this contagium virum is the cause or the effect of the disease, so much is certain, that *Phenylic acid* proves in this disease, its disinfecting power gloriously." The Professor gives us then a comparison of the symptoms of the disease as rendered by Oertel in Zimessen's hand book of special pathology and the symptoms of *Carbolic Acid* as we find them in Allen's Encyclopedia.

Remarks.—The progressive allopathic school teaches that it is a fallacy to treat forms of disease, that we must individualize. The progressive (backwards) homœopathic Professor teaches that the cases are pretty nearly all alike, and we must treat the disease by a disinfecting agent. That is all we condescend to say to the Professor!

Dr. C. Neidhard has given his opinion in a work on diphtheria, and he tells us that *Chloride of Lime* is the great remedy for the disease.

Dr. Villers tells us that *Merc. Cyanatus* is the great remedy for diphtheria.

Dr. Fisher relies on *Apis* in diphtheria.

Dr. Pierson* tells us "From Sept. 15th, 1874 to April 20th, 1875, the only remedies indicated and used by me for all well recognized and very dangerous cases of diphtheria were: *Lachesis*, soreness, pain, and membrane always beginning on

*Allgemin. Homœopathische Zeitung, September 13th, 1875, on p. 93.

the left side, excessive tenderness to the external touch, suffocation on lying down; and aggravation from hot drinks and after sleep.

Lycopodium; swelling, pain, and membrane always beginning on right side; aggravation from cold drinks; after sleep, starting and looking wild about the room; *Apis* only four cases, membrane beginning on either side or both simultaneously with *œdema* of the pharynx, particularly of the palate, which looked like a distended bladder; also œdema of eyelids and pale urine. The medicines in all cases were of the cm. (100,000) potency—fincke, etc.

Remarks.—Here we have, at last, a report of a homœopathician who individualizes; and we are particularly glad to learn that our clinical experience inducing us to add to the characteristic throat symptoms of *Lachesis* and *Lycopodium* rendered in our text-book are endorsed. We may be allowed to add a few characteristic symptoms of *Kali Bichrom.* Worse after sleep as important as under *Lachesis.* Swelling of the (right) parotid gland with itches up into the ear and down the neck when swallowing; expectoration ropy. And to *Apis*, very much diminished secretion of pale urine, great tossing about; almost unconscious tossing over the bed; and to *Lycopod.*, great drowsiness.

Now, here we see how far we are advancing towards that desirable mathematical certainty which is so happily promised us, but which surely no body can possibly perceive who glances over these real quotations. We have before us the multiplicity of opinions of "All honorable men." They all, save the last man quoted, profess to cure diphtheria, homœopathically, setting aside all and every principle belonging to that School of Medicine, they all guess and are guided by "opinions," only the last man gives in his evidence, that he was guided by "Principles."

And whereas a multiplicity of opinions, and a freedom of medical opinions and actions have evidently caused this Babylonic confusion in homœopathic (so called) therapeutics, would it not be rational, would it not be right, would it not be consistent with the professions we make, when

we call ourselves homœopathists, to be guided by "Principles" and come by them to a "mathematical certainty?" The principles are explained in Hahnemann's Organon, a revised edition of which work will soon make its appearance; and we hope it will be "read."

Miscellaneous.

Spontaneous Generation. By J. D. Buck, M. D.

It is well known to all students of modern scientific research, that the old discussion relative to the origin of life on this planet has of late years been revived, and pushed with considerable vigor by eminent men advocating either of the opposing theories. The advocates of spontaneous generation, (epigenesis or heterogenesis,) are undoubtedly in the minority, although that fact does not lessen the cogency or value of their reasoning or experiments. The problem is one of far reaching importance; the legitimate outgrowths of which affect the origin, present status, and future development of man in every department of his nature; and experiments instituted for the purpose of determining the origin of living forms have been declared by opposing theorists to yield results diametrically opposite.

The problem narrows itself down to a class of experiments on fluids, in which the simpler forms of organisms are found to exist, and where the opponents of heterogenesis are forced to assume that germs have withstood a temperature and general conditions known to be destructive to all other forms and conditions of life. At this point the opponents of the theory of epigenesis are obliged to rely on a preponderance of *probability*, with the analogy of all other known conditions of life against them, while the advocates of heterogenesis have

not only these analogies in their favor, but the further evidence of such transformations as take place in mixtures of organizable materials under suitable temperatures and conditions, traceable, very largely at least, to chemical action. Add to this those transformations which occur in the bodies of all animals, of substances taken as food into living tissue and we have the theater in which genesis of tissues and forms of life occur, and in which the beginnings of life may be examined and discussed.

The conversion of organizable material into living tissue, is constantly taking place, and is the condition upon which the maintenance of living forms depend. But here we have as initiative of such transformation the "organic ferment" (e. g., ptyalin, pepsin, etc.) and "catalytic action" and by a gradual process the food is elevated to the level, and incorporated into the structure of living tissue. But here the organic ferment occupies the place of the germ in the evolution of living organisms, and the question of spontaneity of origin is of similar import. Hence it will be seen that not only the question of the origin of organic forms is involved, but nutrition and assimilation as well. So also the germ theory of disease, fermentation and zymosis enter into the discussion which becomes a matter of practical interest to every physician.

A very able exposition of the theories of epigenesis and experiments upon which it is based, is "Bastian's Beginnings of Life," while "The Microscopic Germ Theory of Diseases" is very ably handled by the same author in the Monthly Microscopic Journal of the Royal Microscopic Society for the current year.

The idea is altogether too prevalent that the highest office of the physician is to administer drugs to the sick, or vulgarly, to peddle pills. Happily the belief is advancing and gaining adherents from both the profession and laity, that the maintenance of health and the prevention of disease are much higher functions than the administration of drugs, and to this end the educated physician will for some time to come, be the immediate agent and the most im ortant auxiliary.

Observing, then, how intimately connected with all biological investigations are our notions of health and disease, and the practical bearing on the practice of medicine of all such problems, no physician can afford to ignore them, under the impression that they are foreign to his legitimate pursuits.

Autopsy of Wm Carruth, Esq., of Vineland, N. J.

Our readers will remember the history of this memorable case. (See page 166 present volume.) Mr. Carruth has since died and we have the following account of the post mortem:

Bridgeton, N. J., October 25, 1875. Dr. A. R. Thomas arrived at Vineland, from Philadelphia, on the half past 10 o'clock train this morning, and proceeded to the residence of Mr. Carruth's family, where the body of the deceased still lay. Several physicians from the vicinity were present, with Colonel Potter, of counsel for Landis; District Attorney Hoagland, of Bridgeton, and several other officials, including Dr. Brown, the Coroner. Dr. Thomas performed the autopsy, the results being as follows, as he declared them from to time during the proceedings:

Body was in plump condition, and had a fair muscular and adipose appearance, the external surface showing extravasation of blood beneath the skin. No discoloration was perceptible about the head and face. On the right eye the cornea was slightly collapsed from absorption of aqueous humor; the left eye was more full; the point of the original wound was opened, the bloody serum exuding; the blood vessels in the posterior portion of the scalp were then congested over the wound. Considerable clotted blood was under the scalp. A small fragment of the ball, half an inch

by three-fourths of an inch, flattened, was found about two inches below the wound in the orifice between the scalp and bone. The orignal hole in the skull was contracted and partly filled with fibrous matter. On separating the skull it was found to be of the average thickness, exhibiting a round, smooth hole at the entrance of the ball. Its position was one inch to the right of the occipital protuberance, half an inch above the groove of the right lateral sinus. The dura mater was much congested, particularly the posterior part. The opening in the dura mater was closed over by a thin membrane, the inner surface of the dura mater adhering to the pia mater about the surface of the wound. There was a softening of the gray portion of the brain on the surface in the region of the wound. In the brain this substance firmly closed up the wound. The right optic nerve was slightly smaller than the left. There appeared to be no injury to the base of the skull. The vessels of the pia mater were much congested. There was adhesion of the falx of the right lobe; also, of the upper surface of the tentorium of the same lobe. Removal of upper surface of the right hemisphere opened into an abscess, filling up the greater part of the posterior lobe. Two ounces of thick, yellowish pus filled the cavity. A second abscess at the point of entrance into the brain substance was just below the larger one, and contained about half an ounce of pus. A third smaller abscess, yet lower, contained about two drachms of pus. All these were lined by dense pus, forming a membrane. The bullet was then found encysted within the tentorium, within the posterior lobe of the right hemisphere. The bullet exhibited nearly its orignal shape, and was found about one inch and a half from the point of entering. A little lower in position there was marked congestion of the pia mater. The cerebellum was wholly uninjured by the ball. There was a moderate degree of softening of the parts and of the large ganglia at the base. Examination of the organs of the body showed them in a normal condition, except a slight tendency to congestion of the kidneys.

INQUEST. At 2½ p. m., at Union hall, a jury was impaneled

and the body viewed. Professor Thomas, the first witness, detailed the *post-mortem* examination as above given. In answer to a question by a juryman, he said: "Death was evidently, in my judgment, the result of a gunshot wound, the bullet passing through the brain. The more immediate causes were these abscesses following the passage of the bullet into the brain." When asked the cause of the abscesses, he replied that they were the result of the inflammation following the injury from the bullet.

General Clinics.

IPECACUANHA IN CONJUNCTIVITIS.—Dr. Noel Gueneaude Mussy has used *Ipecacuanha* locally with good effect in ophthalmia, and reports a case of a child eighteen months old treated in this manner in the wards of the Hotel Dieu when solutions of nitrate of silver did not control the disease. After four days of useless applications of this remedy, it occurred to his mind that decoction of *Ipecacuanha*, which had proved so useful in sub-acute inflammation of the bowels might be successful in this case. So he prescribed four times daily an instillation to be made into both eyes with the following decoction: Ipecac. root, ʒss.; water, ʒv. Boil for ten minutes, and when cool, strain off. The application of the remedy seemed at first rather painful; the child winked, frowned, and cried after each instillation. But soon got accustomed to them, and the affected parts were speedily modified. After twelve days the granular appearance had disappeared; the conjunctiva recovered its natural color; the right cornea was quite healthy; only slight opacity was to be observed in the left; and after some days the baby left the Hotel Dieu entirely cured. He related this observation to his friend Dr. Galezowsky, who tried the remedy in the same conditions of *sub-acute* inflammation, and in several cases

with success. (This accords with our experience in a recent sad case of catarrhal conjunctivitis with profuse yellow discharge and chemosis, in which Ipecac 3d and nothing else was given with immediate curative result.)

HYDRASTIN IN GONORRHŒA.—I use the following injection: Hydrastin, one drachm; solution of morphia (Magendie's) two drachms; acacia mucilage to four ounces; to be used three times daily. This I have employed when inflammation ran very high, without even the slightest ill effects, and have used it in every stage of gonorrhœa with the most beneficial results, when every other treatment, both internally and locally, have failed, including red sandal-wood oil. But there is one remark I wish to make regarding the use of injections, which medical men generally forget, and that is, to tell their patients to micturate previous to their use. Unless this is done, injections in gonorrhœa are useless. My last patient was a farmer, who had had a gleety discharge for seven months. His medical man had quite wearied him out with injections, etc., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well.—DR. J. N. BREDIN.

A NEW ANTISEPTIC DRESSING.—Boracic acid in fine powder, one part; white wax, one part; paraffin, two parts; almond oil, two parts. The ingredients, after being mixed by melting the wax and paraffin, are stirred in a warm mortar till the mass thickens, and then set aside to cool, after which the fine substance is reduced in a cold mortar, in successive portions, to a uniform soft ointment. This is spread thin on a fine rag, and when the almond oil leaves it, as it soon does through the capillary attraction of the porous external dressing, a smooth, firm layer remains, which can be separated from the skin without leaving any greasy substance adhering, and does not at all confine the discharge which, while freely shed, is perpetually supplied with a sufficient quanity of boracic acid to insure absence of putrefaction, while not preventing cicatrization. Another, and, it is thought by Dr. Henry, a better application in cases of this na-

ture, is an ointment composed like the one above described; except that instead of one part of boracic acid, it contains half the quantity of salicylic acid, while possessing very remarkable antiseptic powers, is even less irritating than boracic acid.

VERIFICATIONS OF KEY NOTES FROM MY PRACTICE.—Pulsations and ebulitions in the whole body, worse from moving. *Ambra grisea*, 3.

Epistaxis.—*Carbo. Veg.* 30. In 14 cases where this was given empirically, 11 were cured by this alone.

Sensation as if the bowels fell to the side on which one is lying, *Merc. Cor.* 6 to 12. In nine cases where this symptom was elicited, without direct questioning, this remedy was successful, not only in removing it, but completing a cure.

Desire to defecate every time one urinates,—*Alumina* 30.

Great emaciation with craving appetite,—*Iodine*, 2c.

Aggravations of all symptoms in dry weather, Amelioration from bathing the painful part in cold or warm water,—*Asarum-Erop.* 2c.

Jahr's advice to commence treatment of all cases of cardialgia with *Nux.* in males and *Ignatia* in females, unless there are especial indications for other remedies, has been successful with me.

The most comfortable position is standing,—*Secale Cornut.*
A. P. MACOMBER, M. D., Hackensack, N. J.

ANÆMIA, ETC., FROM MARRIAGE.—Mrs. A., before her marriage, which occurred about three months ago, had over worked herself. Since marriage she has led an easy life, has kept her own horse and carriage, and ridden out daily, when the weather would permit. Instead of retaining her good health, symptoms of anæmia set in with general debility and a most distressing dysuria. All ordinary medication failed to give relief. About this time a business engagement called her husband from the city and he bade her farewell, not expecting to see her alive on his return. Quite unexpectedly to us all, she began to improve at once, and at the end of a month was quite well.—E. C. B., Columbus, O.

Correspondence.—Gilchrist's Surgical Diseases.

EDITOR CINCINNATI MEDICAL ADVANCE.

Dear Sir: Will you please make the following corrections in your review of "Gilchrist's Surgical Diseases," Nov. issue?

It was the *United States Medical Investigator* Company that sent you the work.

Dr. Gilchrist is *not* Surgical Editor of the *Medical Investigator.* That journal was consolidated with the *United States Medical and Surgical Journal* last January. The combined journal has no special surgical editor, but several surgical contributors, prominent among whom are the surgeons of Chicago.

In this connection we may explain why Dr. Gilchrist was chosen editor of the Surgical Department of the *Medical Investigator.* The special field that that journal filled, its readers will remember, was therapeutics, and in casting about for a surgeon who gave *special* attention to surgical therapeutics we found only two, Drs. Morgan and Gilchrist. Morgan was engaged on the Philadelphia journals, so we fixed on the latter, who was educated in the Philadelphia Medical Schools.

That was six or eight years ago. Beebe was then in Insurance, Danforth had not come to the front, Franklin was engaged on the old *United States*, Beckwith on the *Reporter* James on the *Hahnemannian*, Helmuth on the *Western Observer*, etc. We had then, only one eye surgeon in our ranks, Dr. Angell and he was editor of the *N. E. Med. Gazette.*

This work of Gilchrist's was *written* about ten years ago and consequently must be imperfect in pathology, but it stands the test, viewed from a therapeutic stand point, the great demand of the hour. This "effort to substitute scientific medication for surgical operations" is one the whole homœopathic profession, as well as you, "sympathize most deeply" with. Thanking you for your courtesy, I am yours very respectfully, T. C. DUNCAN, Chicago, Nov. 5, 1875.

NOTE.—Another friend of Dr. G. has written us that we have under estimated the doctor's surgical experience for in various parts of the West, his practice in that line has been large. All right, let him show it in his writings and there will then be no controversy on the point.—*Ed.*

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., JANUARY, 1876. NUMBER 9.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

A MERRY CHRISTMAS and a Happy New Year to all, and especially those who read the Advance and promptly pay for the same.

"WHO'S BEAT?" That's what we would like to know. One of our numerous friends in the state of Indiana, sends us a monstrously large sanguineous tuber and on it this label "who's beat?" It's a many sided question. Looking at it from one direction it appears like the head of a mule and leads us to infer the sender has forwarded us the product of his own decapitation. Another view resembles a lusty infant in a nude state which some one has set down rather hard on a smooth stone seat. Its resemblance to our friend in the days when he was "muling and puking in his nurse's arms" is striking. Well we are out 25 cents, but we have left, the box and a strong impression that the Mr. Chas. Darwin could find a convert to his doctrines some where in the central part of the Hoosier Stae Who's beat?

MURDER WILL OUT.—Although two years ago, Dr. A. K. Frain, then residing on Walnut Hills, attended a Mrs. Lennon in confinement. The delivery of the child necessitated the use of instruments. The labor was greatly prolonged and the patient died from exhaustion. A coroner's inquest was held, and a cabal of doctors undertook to get Dr. Frain indicted

for mal-practice. The case was on trial eight days, and represented a square fight between the homœopathic and allopathic schools. From all taint of suspicion Dr. Frain cleared himself, and was strongly supported by his confreres. To the surprise of all right minded persons, however, the jury did not agree. The doctor escaped the result of what, at the time, seemed to be a well laid plan, vindictively pursued for his destruction. The notoriety given to the case, and the unfounded stories that were made current at his expense, succeeded in breaking up his splendid practice, and necessitated his removal to an other field of labor. It now appears that an attache of the coroner's court testifies that, to his knowledge, money was freely used in the suit to secure the conviction of Dr. Frain. This, the coroner denies, but the affidavit stands as a suggestive explanation of what before was otherwise inexplicable.

An Impending National Calamity.

It is not often that we turn aside to discuss political or social questions. But when they get mixed up with medical questions we have no alternative. The responsibility must be with those who make the compound. For our part we are bound to stick by medicine at all hazards. Just now it leads us to the national capitol, and we behold our honored Vice-President somewhat overcome with feasting and improper bathing. The most profound alarm prevails. Official telegrams are hourly sent over the country, so that the people may know two things; first, that his attending physician is Dr. Baxter. In four paragraphs the doctor is mentioned three times and the Vice-President once. The second important point is couched in these words, "*The Vice-President's bowels have not moved to-day.*" Wonderful, isn't it? It is especially wonderful, as we read just before this that he had been taking an opiate, "and seems to be resting." That's well said; "seems to be resting." Opiates produce sleep oftener than they do rest. A tired man is he who wakes from the Lethean sleep of Opium.

But now about these bowels that have not moved; what is the import of this fact? Why should Dr. Baxter shock us with such news and leave us in doubt as to the result to be expected? Is it a sign of speedy dissolution on the part of the Vice-President? Can he survive long in such a condition? Do people ever live long in a state of constipation? Is such a condition likely to prove fatal in twenty-four hours to a government official? These are serious questions. Dr. Baxter smiles through the telegraph and assures an anxious people that, "The Vice-President is improving and will be out in a week or ten days." But he doesn't tell us whether the

Vice-President's bowels have moved or not. The doctor's opinion is one thing and the moving of the bowels is quite another thing. The doctor is trifling with the feelings an of intelligent public. He belongs to a medical school that makes a cardinal point out of this moving of the bowels. And now unless he sets this question at rest, how can it be but that he is recreant to his school. We therefore suggest that he ascertain the actual facts, and if the crisis spoken of has occurred, let him at once telegraph to all points of the country "*The Vice-President's bowels have moved.*"

LATER.—A fatal issue has transpired, but Dr. Baxter is silent on the one great question. If a Homœopath had been in charge what a row we would have had among the "regulars"!

Materia Medica.

Drug Action of Opium. Part First. By Wm. Owens, M. D.

There is no drug the effects of which are better known and more thoroughly and correctly understood than those of *Opium*. It stands at the head of the list of allopathic narcotics, and is in relation to *Belladonna*, *Bryonia* and *Stramonium* and other delirant narcotics a physiological antidote. It acts upon the same class of nerves. Its primary effects seem to be diametrically opposite to their primary effects. With them the delirium precedes the narcotism; with *Opium* it follows the narcotism. Primarily with them the irritation of the organic nervous system disturbs the circulation, inducing hyperæmia of the cerebral capillaries, paralysis of the vaso-motor nerves, dilatation of the walls of the cerebral vessels and sinuses, and stasis of blood within them. As the result of a prolonged and exhausting irritation and excitement this condition passes over into insensibility and coma and general paralysis and death, or if recovery takes place, under their secondary influence, we have from all of them an effloresence upon the surface of the body.

Opium also irritates the organic nerves and stimulates the circulation. It increases intellectual activity in consequence of the afflux of blood toward the brain, causing increased cellular activity and metamorphic change, which increase, however is of but short duration, and is probably due to contact of the drug with the nerve tissue, acting as an irritant, and not from any physiological or dynamic energy it may possess. Nervous disturbance, depression and exhaustion soon follow, attended with profound coma; and from large doses death from an apoplectic condition of the cerebral vessels. If recovery takes place drowsiness, day and night; delirium, mild or violent; sleeplessness, with images and fancies; restlessness, moaning, groaning, cries and great nervous excitability usually attend it. This, its secondary action, corresponds very closely to the primary action of *Belladonna*, *Hyoscyamus*, *Stramonium* and *Alcohol*, while its primary action corresponds very closely to the secondary action of these drugs. We should therefore conclude that they mutually antidote each other. The primary action of these drugs is to depress and paralyze the nerves which supply all of the circular muscular fibers of the various tissues of the body, including those of the blood vessels, the iris, the pharynx, œsophagus, stomach and intestinal canal, the anus, the bladder and the uterus. The contraction of the pupil and the irregular actions of the muscles of the eye correspond to the condition of the occulo-motor which would be brought about by great irritation of that nerve. Such a condition as follows the use of these drugs, after the primary effects seem to have passed off, and consequently we may call this the secondary action of the drug. To relieve contracted pupil, rigid os, hour glass contraction, spasmodic stricture of the neck of the bladder or urethra or anus, *Belladonna* is our most certain, reliable and speedy agent. The same result may, however, be secured by administering a moderate dose of *Opium* and waiting twelve or sixteen hours for the result. When the primary effects of the drug have become exhausted, relaxation will take place and dilatation occur with as much certainty as if the other drugs had been used. It is by this method of administering the drug that intussusception of the bowel and

strangulated hernia may be cured by *Opium.* Under the irritating effects of the drug the constriction may for a short time seem to be aggravated, but when this condition has passed, exhaustion supervenes and the relaxation that follows causes the constricting fibers to yield and, if adhesions have not formed, the incarcerated portion may escape and relief be secured.

We are informed in Hull's Jahr that *Opium* is specially adapted to acute diseases and to old persons. While this is true of the crude drug and the lower potencies, it affords no information concerning the dynamized drug in chronic diseases, which we think will be found much more extensive than most of us anticipate, especially upon those organs whose offices pertain to secretion, excretion and nutrition, over which it seems to exert such a powerfully controlling influence in its primary action.

Burt says that it "expends its action upon the cerebro-spinal system of nerves." Though its greatest influence may be apparently exerted here, it is rather collateral than direct. Its impression here is only manifest after there has been considerable accumulation of blood within the vessels and sinuses of the brain. From which we infer that the impression must first be made upon the nerves of organic life, depressing them and causing a sub-paralytic condition of the vaso-motor nerves, admitting of relaxation of the vascular walls, rendering it possible for an engorgement of capillaries and sinuses to take place, or possibly a rupture of their attenuated walls with extravasation, ecchymosis or clot may form within its substance or upon its surface, producing local irritation, disturbing or possibly displacing, by its pressure, more or less of the neurine substance. Here we have compression of the brain or some of its ganglia, causing paralysis of sensation and motion, and arresting functional activity in all parts of the body, and yet no poisonous influence upon the cerebro-spinal nerves, and it may indeed be an important question whether all drugs do not exert their influence, noxious or benign, upon the organic nerves altogether and never upon the cerebro-spinal nerves or blood, and that all changes in the

blood, except those which attack its structural integrity by direct chemical, traumatic or mechanical violence, are but the result of organic disturbance which precedes that change and upon which it is dependent; and that all so-called morbid phenomena presented by the cerebro-spinal nerves may not be a sequence of the disturbed or vitiated circulation which was itself the product of depraved or disturbed organic function.

All authors agree that *Opium* itself produces no change in the blood, either chemical or vital; but when absorbed it remains a foreign material in the blood, communicating its noxious influence to the nerves of the system when and wherever it is brought in contact with them. It is said that no amount of *Opium*, locally applied will affect the brain unless it is absorbed and passed into the circulation. And, on the other hand, it is found that it readily passes into most of the secretions, and that infants have frequetly been narcotised by it.

When *Opium* encounters the nerve substance that tissue is offended by its irritating presence, resistance to the offending substance begets feverishness, in which the vitality of the system brings all of the energies of the organism to bear, to cause its rejection. If the dose be small the irritation ceases at this point, and the effort terminates in restoration, but if the dose be large or the powers of resistance feeble, long continued contact with the drug overcomes the irritability of the organic nerves, when sensation and motion will soon be lost from loss of nutrition or death of the part takes place.

About High Potencies. By Dr. H. Goullon, Jr., Weimar. Translated by A. McNeil, New Albany, Ind.

The patient to whom I first gave high potencies (*Nux. Vom.*, 5 globules in half a wine glass of water, to be taken night

and morning in four days) she is the same patient of whom I wrote an article with the title "Chemics.—Physical evidence of the presence of copper after it had been taken nineteen years," (vide Allg. Hom. Zeitung Band, 77.) For the information of the reader I briefly remark that she had taken a quarter of a pound of copper (at least part of it) which still remained in her system nineteen years after she had swallowed it, I had lost sight of her for thirteen years when she again consulted me on the 23d of May. She looked like a mulatto and at the first view made the impression of having suffered violently, when I questioned her about her health during the interval, she made the following statement: She always perceived a metallic taste up to 1866, when she was confined; since that occasion it has not been perceived. At that time she was attacked with metritis and was afterwards treated in the Clinic at Jena, of Medical Councilor Schultze for fourteen days, for an incipient ovaritis, loss of appetite and constipation; with hard burnt looking stools which were sometimes delayed eleven, twelve and even seventeen days. In the years 1870 and 1871 she was attacked with uterine hæmorrhage which she says continued thirty-two weeks. In 1872 she was again attacked with a similar metrorrhagia which continued from thirteen to sixteen weeks. She had besides, internal heat; violent burning; a feeling as if the viscera were all raw; or as if none of the organs were in their proper place. She expressed it still more closely by the words, "It appears to me as if every thing was on the verge of falling out." Three days ago her period stopped, after it had continued eleven days, although the former one had continued fourteen; in spite of all that they could do. For five days no stool; at stool, pains extending to the pudenda. Besides these symptoms the obstruction demanded *Nux. Vom.*, on account of an excessive production of acid and a great deal of nausea. Everything tastes like bitter almonds; particularly the matters vomited. Bouillon "tastes as bitter as gall."

There is also a great sensitiveness of the left border of the liver (vicinity of the gall bladder); the cardia is also painful

to pressure; flatulence moves about and everything feels as if there was internal ulceration. The "stomach retains nothing at all, it is as if it was poison in my body." So that she had not taken dinner for sixteen weeks. But it is the worst when she takes a swallow of water. Then retching and vomiting continued till the water is ejected, whereby even blood is vomited. That therewith there are burning, cramping pains is not surprising. The tongue also burns and in the mornings it appears so white that the coating may be scraped off.*

She can not remain in her bed at night. She says that for six weeks she has only laid on a sofa because she could not rest in bed.

The failure of memory is striking so that she remembers nothing from one day to another, which more over every disturbance of nutrition produces in some degree. More peculiar is a headache in the right side which she has had for thirteen years. It is aggravated on stooping; "it rages and rages as if my head would burst at the sagital sutures."

As one always with a chronic disease has a poor prospect to offer of improvement and recovery, so was it in this. What surprise must therefore arise, when after an interval of about ten days she entered my room entirely altered in appearance. Her mulatto color had so far disappeared that it surprised her neighbors and this indeed occurred after the first dose of *Nux. Vom.* 100. She expressed herself with the words, "from that hour I had relief, all was as well in the liver and heart." She "had none of the previous headache anymore" and felt as well "as if new born." Further, while formerly she had to vomit six or seven times a day, ("what was as bitter as gall") she has only vomited twice in the ten days, while she formerly could not retain a swallow of water; she drinks bouillon with relish and has had since the third

*The examination of this coating for thirteen years regularly allowed the presence of copper to be established. Tests no longer reveal it, a proof that the large quantity of copper was chemically decomposed gradually by the acids of the stomach. Since her confinement an exanthema has disappeared which evidently stood in etiological relation to the copper poisoning.

dose of the medicine she took, "fearful hunger." Bowels moved several times, while before she had gone twenty-two days without a movement.

She probably would not have returned if she had not contracted an indigestion by the use of too much millet-pap, after I had again given her *Nux. Vom.* 100, on the 23d of June, the symptoms seemed to be more suitable for *Arsenicum*. She complained of weakness, some swelling of the feet and thirst. She received *Arsen.* 100, given as *Nux.* was administered.

Third of July again very much better, no vomiting for three days "not an intermission," every day a voluntary movement of the bowels; and what is the principal thing, she now sleeps well in her bed.

I will keep the patient in my eye eventually to refer to, the further causes of this very complicated case, for the present it suffices to offer the proof, that as certainly as two and two equal four, in this case high potencies have caused on an evident, undeniable alteration in the patient.

Theory and Practice.

Mechanical Helps and Appliances to Facilitate and Expedite Parturition, as Indicated in a Natural Labor. By W. R. Elder, M. D. Read before the Indiana Institute of Homœopathy. Part Second.

I am well aware that the opinion prevails to a very great extent, that there should be no interference in a natural labor. That there is a certain natural routine of operations to go

through with, and it is only the presumptuous and ignorant, who will attempt any interference by the "puny arm of art," insisting that we are only to wait and witness the result.

Ramsbothom—to use his own words—says: "All that is required of the attendant being, that he should remain an observant though unofficious spectator of the process."

This idea has been copied from author to author, and handed down from one generation to another, until its antiquity and authority have caused it to be accepted as an incontroveritble truth, and as a result, the mind has not been allowed to dwell upon it long enough to reflect, whether it is a truth or an error.

The common saying. "One can not improve upon nature," is used in a perverted sense, when used in reference to a natural labor. As well might we say that traveling is a natural process and therefore our legs are the only means we ought to use in performing a long and tedious journey.

We do not propose to improve upon nature, but only to extend a helping hand in this trying hour, when she so imperatively demands our aid.

Why does the suffering female in this hour of her maternal sorrows, beseechingly reach out her grasping hands, except that nature implores aid and relief, from a source extraneous to herself?

Is it not evident from the phenomena exhibited in the process of parturition, that nature does call for assistance?

I have shown what these indications are. The knees must be firmly held, the back as firmly supported, and the hands permitted to grasp an unyielding support. Just in proportion as these indications are heeded and the wants efficiently met, will the voluntary muscles be brought into effective operation, and in the same ratio the labor must be facilitated.

Sometimes these indications are partially met in an inefficient way, more from a feeling of sympathy for the sufferer, than from any idea of necessity, hence the means resorted to are without a purpose, and consequently inconvenient, inefficient and unsatisfactory to the patient and harrassing and fatiguing to the attendant. One assistant pushing at the

knees and perhaps another at her back while another pulls at her hands, or the patient herself tugs at a towel tied to the bed post, all pushing and pulling without regard to any proper direction, constantly changing and deranging her position; all of which tends more likely to retard than to facilitate the labor.

Various so called obstetrical supporters have been foisted upon the profession, designed or intended by their authors to be a substitute for so many assistants, but have all been to, complex, cumbersome and inadequate to meet with general favor.

Nevertheless the need exists—the assistance is called for—it is important it should be given, and important also, that the pulling and pushing be in exactly the right direction, and without disturbing the position of the patient. How shall we do it?

I have no very wonderful thing to propose but will presume to suggest a simple contrivance which seems more nearly to meet the case than anything I have seen.

A properly constructed pad, adjusted to the back immediately over the seat of the pain, and from this a simple band of webbing or other material; light but firm and strong, of sufficient length to pass over the shoulders of an assistant at a sufficient distance from the patient to permit the hands to grasp her knees, and yet so near that the arms can not be extended without putting the band upon the stretch, thus making firm pressure upon the back and at the same time giving the assistant a support by which he can make unyielding counter pressure upon the knees. This band also affords the patient something she can grasp with her hands and pull in the right direction.

By a proper use of this simple contrivance, all the voluntary muscles are supported and brought into action in the direction in which they will be most effective, and this to, without pulling and pushing the patient here and there, into uncomfortable and disadvantageous positions.

If she is sitting she will not be drawn from her seat, if lying, she will not be disturbed in her position. It equalizes

the distribution of labor among all the organs concerned in the process. The back pad relieves the pain in the back by counter acting the pressure of the head of the child against the internal surface of the sacrum and just in proportion to the counter force applied to the knees.

The benefits attained by such assistance are many. First, it inspires the patient with hope and confidence. Every pain through which she passes, she is satisfied something has been accomplished. The satisfaction she feels at the success of every effort, inspires her with confidence to make another, and consequently the duration of the labor is very much shortened.

The careful attention, on the part of the attendant physician, to the indications of nature as I have described, and his prompt and efficient aid in meeting them will to a very great extent, prevent many of the accidents which often happen during or subsequent to protracted and tedious labors.

One of these accidents is post partem hæmorrhage. Every physician knows the cause of this to be the failure of the uterus to contract after the placenta has been detached from its walls, and the cause of this failure on the part of the uterus is, that its powers are prostrated or paralyzed by over exertion of its muscular fiber, from long continued unaided efforts for the expulsion of the child. But if by proper attention to bringing the voluntary muscles to its aid, and they properly perform their part of the work, the uterus is relieved of part of its severe task, the duration of the labor shortened and the uterus comes out of the struggle sufficiently vigorous and strong to contract equally in all its parts, and all danger is avoided.

Another accident much less frequent, but more disastrous in its consequences, is rupture of the uterus.

If this accident occurs in consequence of disease or from any cause which destroys the strength or elasticity of the muscular fiber of the uterus, or the fiber itself, no human power can prevent it. But when the accident occurs in consequence of an undue exertion of the uterus to expel its contents, having nearly all the labor thrown upon it, for

want of proper means to bring to its aid the contractile power of abdominal and respiratory muscles, then the result is in a great measure chargeable to the acoucheur, whose duty it is to see that all these powers co-operate in harmony together.

Prolapsus and leucorrhœa after parturition, with all their attendant misery, are accidents arising from the same cause, and much of it may be prevented by scrupulous care, in regard to the equal distribution of the agencies concerned in labor, so that no one part becomes over fatigued or paralyzed from having imposed upon it an undue proportion.

But I will not enlarge further, I have said enough to show the absurdity of the idea, that the attendant in a case of natural labor has no responsibility, his only duty being to sit idly by, an "observant but unofficious spectator of the process." On the contrary he earns the reputation of a skillful obstetrician, who carefully watches all the conditions and phases of the case, no matter how trifling, and stands ready to lend intelligent aid.

A Retrospective Glance at Therapeutical Abuses. By George C. Jeffery, M. D., Brooklyn, N. Y.

With each year new remedial agents are brought to notice, and, generally, have a correspondingly short life; somebody has achieved success with a certain drug; that is the patient happened to get well, it is brought to public notice, all hands are outstretched to receive it, and it is given an eager welcome, upon the first opportunity it is tried, but seldom with similar success. A few more trials are given it with the usual result, when it is erased from off the list, with sufficient space remaining, for its successor as soon as it may fortunately present itself. By the way of exception there are a few

drugs that have withstood the test of time. And there are many whose birth, scarcely dates back a single decade, but they are already forgotten. There are a few auxiliaries in disease, introduced far back in the early days of physic still in use. There are some of more recent date, actually forgotten in one section, before another is aware of their existence. Special reference is made to *Mercury* and the lancet most prominently on one hand; *Carbolic Acid*—as an example—with others too numerous to mention, on the other. Of the former, they have been used in every complaint known to man. Without regard to age, sex or constitutional peculiarities. There is no affection in the nomenclature of human ills, but what *Mercury* and blood letting have been used indiscriminately, it never being considered whether the patient was able to withstand their terrible onslaught or not.

No one will question but what *Mercury* and the lancet are valuable therapeutical agents in skillful hands, and in exceptional cases, but the great injury and suffering they have already entailed, nothing but ages of time can eradicate. These remedies have been considered unitedly; they will now be treated separately by the evidence of the very men who advocate their use and employ them.

Prof. Thomas Grahm, of the University of Glasgow, says: "When I recall to mind the numerous cases of ruined health from the excessive employment of *Calomel*, that have come to my knowledge, and reflect on the additional proof of its ruinous operations, which daily present themselves, I can not forbear regarding it, as commonly exhibited, as a minute instrument of *mighty mischief*, which instead of conveying health and strength to the diseased and enervated, is made to scatter widely the seeds of debility and disease of the worst kind, among persons of every age and condition."

Prof. Cox says: "I could enumerate at least fifty cases of poison and death by *Calomel*, that occurred in the practice of physicians, who were practicing in the region of the country where I lived for seven years, many who were sent to their graves mutilated, disfigured and partially decomposed, before death released them from their sufferings. Suppose each phy-

sician of the thousands who are practicing in the United States, were to hand in a list of deaths, produced by this *mineral poison* that occurred within his knowledge and region of labor, what a stupendous account of mortality it would make. How revolting to humanity is this picture, and yet how listlessly does this community move on and permit this state of things to exist." N. Chapman, Professor of Materia Medica in the University of Pennsylvania, says: "If you could see what I almost daily see in my private practice, persons from the South in the very last stage of a miserable existence, emaciated to a skeleton; with both plates of the skull almost completely perforated in many places; the nose half gone; with rotten jaws and ulcerated throat; with breaths more pestiferous than the poisonous Bohon Upas; with limbs racked with the pains of the Inquisition; minds as imbecile as the puling babe; a grievous burden to themselves; and a disgusting spectacle to the world; you would exclaim as I have often done: O, the lamentable ignorance which dictates the use (as a medicine) of that noxious drug *Calomel!* It is a disgraceful reproach to the profession of medicine—it is quackery—horrid, unwarrantable, murderous quackery. What merit do physicians flatter themselves they possess by being able to salivate a patient? Can not the veriest fool in Christendom give *Calomel* and salivate? But I will ask another question. Who is there that can stop the career of *Calomel* when once it has taken the rein into its possession? He who resigns the fate of his patient to *Calomel*, is a vile enemy to the sick, and if he has a tolerable practice, will in a single season, lay the foundation of a good business for life, for he will ever afterwards have enough to do to stop the mercurial breaches in the constitution of his dilapidated patients. He has thrown himself in close contact with death and will have to fight him at arm's length, so long as one of his patients maintain a miserable existence."

These are but very few of many cases that might be cited, but they are sufficient for the object intended, viz: illustrations of the fact, that the drug *Mercury*, has made fearful inroads upon human life, and that we are to-day suffering—by

inheritance—diseases of all kinds and descriptions, for no other reason than of its indiscriminate use and abuse, It has been asserted upon good authority, that with *Mercury*, syphilis was born, or in other words, until *Mercury* was introduced as a medicine, syphilis had never been known. Whether this fact be true or false, it will not be disputed but that it has been a cause of aggravation to this disease and that many cases that might have been no more than primary, have been made secondary by its early and copious use. The virus that might have been destroyed by other or more effective means, is permanently instilled in the life's blood of the victim of its ravages; it is transmitted and his unoffensive offspring are forced to carry a burden, whose stupendous weight few are able to withstand. While a few resist so great an avalanche of misfortune, the majority sooner or later succumb to the overwhelming influence of its destructive power.

Should not the data of its history or twin birth be correct, it is of minor importance to that fact, which admonishes us, that by the exhibition of this drug, in primary syphilis, we are exposing our patient to far greater ills than if we did nothing at all.

The destructive effect of the mercuro-syphilitic poison are too well known for any comment or criticism here, every practitioner knows it well. Nevertheless upon every opportunity his first cry is *Mercury*—his later an antidote. Syphilis is not the only disease it has assailed. Diseases of the liver, without regard to classification or symptoms it has been used "specifically". A "testimonial" or two will not be out of place.

Blackhall says: "On the schirrous, or tuberculated liver I have seldom seen *Mercury* make any good impression. But I have seen mercurial habit super-added by continual salivation and then the disorder becomes more complicated and speedily fatal."

Hamilton says: "The ordinary mode of exhibiting *Mercury*, for the cure of liver disease, not unfrequently hurries on the disease, or by impairing the constitution lays the foundation for paralytic affections, and it may be truly affirmed that it thus shortens life."

It has also been employed as a cathartic with similar results to its other uses.

Makenzie says: "In a lady who had such small doses of blue pill combined with *Opium*, for three nights consecutively, that the whole quantity amounted to no more than five grains of the mass; salivation began on the fifth day; and notwithstanding every attention, the tongue and gums became swelled to an enormous degree; bleeding ulcers of the mouth and fauces took place, and such excessive irritability and debility followed that for nearly a whole month, her life was in the utmost jeopardy."

Dr. Alley says: "I have seen the mercurial eruption appear over the entire body of a boy almost seven years old, for whom but three grains of *Calomel* had been prescribed effectually as a purgative."

Space will not permit of a more detailed account of its dire workings; but its counterpart, the lancet, not quite so universally used, but equally destructive will next be discussed. Venesection was introduced in the earliest days of medicine, and was incessantly used until it was to a great degree, proscribed by the enlightenment of the medical world for the last quarter of a century. Where the lancet was once used on every occasion, it is now brought into requisition only in exceptional cases. Notwithstanding its use is still urged by recent writers in Allopathic Therapeutics, (1874). That its application has been destructive will not be questioned; and evidence to that effect by "authorities" will not be out of place in this connection.

"So zealous are the blood suckers of our age, says Salmon in his Synopsis Medicinæ" "That they daily sacrifice hundreds to its omnipotence, who fall by its fury, like the children who, of old passed through the fire to Moloch, and that without any pity, left to commiserate the inexorable sufferings of their martyrs, or conscience of their crimes, which may deter them in the future from such villanies—the bare relation of which would make a man's ears tingle—which one can not think of without grief nor express without horror."

Prof. Mackintosh says: "Some patients are bled who do not require it and the consequences are injurious, others are bled who can not bear it, and the result is fatal." Dr. Robinson, an eminent physician, has said: "That after the practice of bloodletting was revived by Syndenham, during the course of a hundred years, more died of the lancet alone, than all who in the same period perished by war."

Many pages might be readily consumed in carrying to completion the details of a subject so great as this, but the expressions of the few who have spoken through evidence, are but the echo of the thousands whom they bear in mind, while raising their voices against so vile a practice as this. Allopathy has had its other missiles of destruction, but enough have been presented to expose the ruinous workings of the "sheet anchor" of its practice. All other therapeutical agents are merely subordinates to those that haye been mentioned.

Things could not always continue thus; God in his infinite wisdom, had given to his creatures, substances of the earth, which they might employ as remedies to the numerous ills that flesh is heir to; he intended that man should use them to relieve, not to harass or afflict; their utility has been controverted and humanity has suffered.

The incident of Hahnemann's discovery of the law of similia, is interesting; while translating Cullen's Materia Medica being dissatisfied with the author's explanation of the anti-febrile powers of Peruvian bark; he determined to prove upon himself what its real properties were; he took it in considerable quantities, while in perfect health, and found that it produced an ague, similar to the intermittent marsh fevers. This remarkable fact was treasured up in his memory, until its great value and significance could be rendered appreciable in the light elicited by further observations and discoveries.

The accident by which this law was discovered can not but bring with it a valuable axiom. "Deeds which are apparently insignificant may change the course of a human life." The mighty oak from the little acorn grows. A kind word may soothe an aching head. Bonaparte was turned from contemplation of suicide and retraced his steps from the

banks of the river, that was about to receive him, by the voice of a friend.

The translation of a book brought new scenes to a sorrow stricken and diseased race. The sun of Homœopathy rose and night and darkness that had guided the hand of empirical despotism for many years, began receding from before the brightness of its searching rays. It has not as yet reached the meridian of its glory, but in its splendor as it gradually rises, it imparts its cheering rays alike to all. Who will but take the bandage of Allopathy from them and see. Allopathy held power supreme in days gone by, but in proportion to the dissemination of knowledge and intelligence will the virtues and truth of Homœopathy be more fully recognized.

New prospects open up to the gaze of the afflicted world, and though Homœopathy was born in a carnage field like this, the reflection does not blemish, but only tends to make its virtues shine the brighter.

Filth as the Source of Preventible Disease. By the Editor of the Scientific American.

In his charming little poem, preaching resignation to the stroke of the "Reaper whose name is Death," Longfellow says:

> "Let us be patient: These severe afflictions
> Not from the ground arise;
> For oftentimes celestial benedictions
> Assume this dark disguise."

This has ever been the sentiment of piety; beautiful in the abstract, comforting in times of personal bereavement, but a deadly delusion when applied in mass. Not patience but impatience, not resignation but resistance, is the proper attitude in the presence of disease and death, more especially

in those cases—and they are in the majority—in which the causes of "these severe afflictions" are preventible or removable: causes which, poetry and piety to the contrary notwithstanding, do from the ground arise.

This is a question of fact, not one of sentiment. The Mussulman says: "It is the will of God," and impassively shuts his eyes to the palpable causes of plague, pestilence and famine, which shorten the lives of millions. The Christian, quite as criminally, dreams of possible "celestial benedictions" in conditions which contribute to make the average death rate double what it ought to be, while he holds up his hands in holy horror at the apathy of the Turk.

It is appointed of all men once to die; so far we have to submit to natural law, and there may be virtue in accepting the event with resignation—provided it does not come untimely; but there can be no virtue in being resigned to a condition of things by which not ten persons in a hundred, in the healthiest countries in the world, are permitted to reach the standard old age of seventy-five years, by which the death rate of the first year of infancy is swollen from one in twelve, as it is in some districts, to one in three, as it is in others. And the excess of deaths is but an imperfect measure of the aggregate influence which preventible diseases exert against the efficiency and happiness of a people. There remains an incalculable amount of physical suffering and disablement, of sorrow and anxiety, of thwarted effort and straitened means, not to speak of destitution and pauperism and their terrible effects upon the physical virtue and moral stamina of the rising generation; all to be traced directly or indirectly to easily preventible causes.

Foremost among the causes which affect the public health injuriously—causes not of local, but of general, almost universal, operation—the Medical Officer of the Privy Council finds most conspicuous these two "gigantic evils," which claim the "earliest attention in the sanitary government of England," and equally, we may add, of every other civilized government, namely:

First, the omission (whether through neglect or want of

skill) to make due removal of refuse matters, solid and liquid from inhabited places: and, secondly, the license which is permitted to cases of dangerous infectious diseases to scatter abroad the seeds of their infection.

Very frequently these two causes co-operate, doing immense injury to the public health, through the special facility which certain forms of local uncleanliness provide for the spreading of certain specific infections: so that, on summing up the results of the extensive and very able investigations of sanitary conditions, made under his direction, Dr. Simon does not hesitate to say that, in total power, uncleanliness must be reckoned as the deadliest of our present removable causes of disease. This, even when the term is restricted to such degrees of uncleanliness as fall or ought to fall within the designation of filth, implying nastiness such as any average man or woman should be disgusted at. If the term were made to include all that it legitimately implies, as for example the foulness of air due to the non-removal of the volatile refuse of the human body, such as obtains in overcrowded and ill ventilated dwellings, a much stronger expression of its fatal influence would be justified.

That filth makes disease, meaning by filth putrescent refuse matter causing nuisance by its effluvia an soakage must have been one of the earliest of social discoveries, for it is recognized in the oldest records which exist of legislation meant for masses of mankind; yet the more subtile and destructive effects of filth remained unsuspected almost until quite a recent period.

Filth kills in two ways. First, and most obviously, by a direct poisoning action, as when one succumbs to the concentrated fumes of organic decompostion from an old unventilated cesspool, or a long blocked sewer, or when the vigor of life is depressed by continuous breathing of a foul atmosphere in which the fetid gases have been largely diluted; second, with far greater and more subtile destructiveness, by means of the morbific ferments or contagia which it breeds or harbors. The chemical poisons of filth hurts by instant action, and in direct proportion to the palpa-

ble and ponderable dose. With contagia, on the other hand, indefinitely large ulterior effects are produced by, or by means of, doses which are indefinitely small.

The last named agents of disease and death consist, so far as known, in minute living organisms, indefinitely self-multiplying in their several spheres of operation. At least one sort, the ordinary septic ferments, seem always to be present where putrefactive changes are in progress; others, though not essential to putridity, are in different degrees apt, and some of them little less than certain, to be incidents of ordinary refuse. It is by these various agencies, essential and incidental, that filth produces the diseases classed by sanitarians as zymotic, and not by means of the usually accompanying stench. Hence, as Dr. Simon tersely observes, the question: What infecting powers are prevalent in given atmospheres? should never be regarded as a mere question of stink; and it is of the utmost practical importance to recognize, in regard to filth, that agents which destroy its odor may yet leave all its main powers of disease production undiminished. On the other hand, there may be prevalent fetid gases of the most sickening potency with an entire absence of septic ferment in the air.

Indeed filth ferments show no power of active diffusion in dry air. They may be passively wafted for short distances, but probably do not carry their vitality far if the air be freely open. Moisture is their normal medium. Currents of humid air, as from sewers and drains, lift them in full affectiveness; and if into houses or confined exterior spaces, the chances are that their morbific powers will be less preserved. Ill ventilated and low-lying localities, where refuse is allowed to lie, may especially be expected to have these ferments present in their common atmosphere, as well as teeming in their soil and ground water.

In the latter, too, as in the air, stench and palpable foulness afford no adequate tests of zymotic malignity. Chemical demonstrations of unstable nitrogenous compounds in water is a warning (and the disgust of healthy taste and smell equally so) which should never be disregarded; "but

till chemistry shall have learnt to identify the morbific ferments themselves, its competency to declare them absent in any given case must evidently be judged incomplete, and waters which chemical analysis would probably not condemn may certainly be carrying in them very fatal seeds of infections."

Of the diseases distinctively due to filth, the most characteristic are those which, in respect to their leading symptoms, are called diarrhœal. These are of two general types—common diarrhœas, ascribed to the common septic ferments generated in all refuse, and specific diarrhœal diseases, such as cholera and typhoid fever due to specific infection. It is in regard to the latter that the labors of the British Medical Board have been especially searching and successful.

In every one of the cases investigated, the relations of water supply and excremental deposit were horribly close in very many instances, as for example at Annesley, of which the inspector, Dr. Buchanan, reports, "arrangements for excrement disposal and water supply such that people must drink their own excrement!" Truly the chief medical officer may well say that it is difficult to conceive, in regard to any causation of disease in a civilized community, any physical picture more loathsome than the way in which enteric fever spreads its infection. Though sometimes making its way by covert processes, yet far oftener in the most glaring way, it apparently has its source in that which is of filth the filthiest: "apparently its infection runs its course, as with successive inoculations from man to man, by instrumentality of molecules of excrement which man's filthiness lets mingle in his air and food and drink."

The distrubution of an immense quantity of other diseases is traced to the same disgusting process. The argument which applies to the bowel discharges of enteric fever apply equally to cholera, and seems to extend, by extremely strong analogy, to every disease, whether nominally common or specific, in which the human intestinal canal is the seat of infected change.

But this does not limit the deadly influence of filth. The

researches of Dr. Burden Sanderson and others have clearly shown that in the common septic ferment, so called, or in some ferment or ferments not hitherto to be separated from it, there reside powers of disease production as positive as those which reside in variolous or syphilitic contagia. By successive inoculations, it not only developes itself as one of the most tremendous of zymotic poisons, but becomes communicable from the sick to the healthy, producing diseases exactly corresponding to the fatal infections chiefly known under the names of erysipelas, pyæmia, septicæmia, and puerperal fevers; infections sometimes arising in unquestionable dependence on filth, yet becoming, when arisen, the most communicable of diseases. And further, it seems most probable that the ferment which destroys life so quickly by septicæmia in its stronger actions can in slight actions start, in the infected body, chronic processes which will eventuate in general tubercular diseases. In this way the mischief done by filth in generating diseases like erysipelas or puerperal fever on the one hand, or tubercular diseases on the other, may be of a sort entailing possibilities of extension, by accidental contagion or by hereditary transmission, indefinitely beyond the original filthy neighborhood.

A Case of Periodical Convulsions. By J. W. Vance, M. D., College Hill, Ohio.

An infant six months old, bowels loose from its birth; passages thin; varying in color, sometimes yellow, white and undigested, or green; half-dozen or more evacuations every twenty-four hours. Had a convulsion about midnight in the latter part of June last, which passed off in the course of an

hour. About two weeks afterwards she had another convulsion, beginning at about ten o'clock in the morning, lasting until midnight. Skin hot; face flushed; head drawn back; convulsions only of the left side; eyes drawn towards the left side.

The following day the patient was quiet. The left arm was paralyzed. Believing the mother's milk injurious to the child and possibly the cause of the derangement of the bowels which, by reflex action, produced the convulsions, I put the child on cow's milk. No spasmodic symptoms occurred for about two weeks. The evacuations in the meantime became regular and natural, and the patient showed every indication of a speedy recovery. But after the lapse of two weeks it had another convulsion, more severe than the first, which lasted nearly twelve hours. This time the whole body was in convulsions. I entertained no idea of its recovery from so severe and protracted a paroxysm. The symptoms were the same as in the first attack, with the addition of fainting spells when the patient became livid in the face, particularly about the mouth, and almost ceased to breathe. These spells of difficult respiration, were soon followed by a cessation of the convulsions.

For several days afterward the child took its food quite ravenously although it seemed to be unconscious. The eyes had a vacant look. Bowels now constipated. About two or three weeks subsequent to this attack, it had another and this time preceded by waterbrash for several hours. The spasm was not so severe as the preceding ones, and did not last more than half as long.

In just one week there was a recurrence of the convulsions. The premonitory symptoms were great restlessness, crying, insomnia. The spasms were not so violent nor so long lasting. It is now four months since the first attack. The attacks have recurred with almost unvarying regularity every eighth day, preceded and accompanied by the same symptoms as above described. The bowels have been constipated and as a general rule, have been moved only by the aid of enema.

The attacks have grown gradually lighter, although still retaining the same characteristics.

The last occurred yesterday and was much lighter than any that has preceded it. The waterbrash did not last so long nor was it so profuse. The child has gained flesh during the past month, notwithstanding the periodical convulsions. It is improving intellectually. Takes notice of its nurse and others.

These are marked indications of improvement. It was feared for a time that even if the convulsions could be relieved it would be idiotic. We are now hopeful that she may entirely recover,

Treatment. *Acon.* 3, *Bell.* 3 and 30, *Hell.*, *Nux Vom.* 30, *Agar.* 30, *Glon.* 30. At present she is taking *Glon.*, three times a day. The characteristic symptoms of the case, are waterbrash, preceding and accompanying spasms and the regular periodical return.

Examination of Urine.

Medical practitioners are beginning to realize the great aid which the examination of this fluid gives them in diagnosing disease. The pharmaceutist is called upon more frequently to make these examinations for physicians, and as an aid to pharmaceutical students, the writer recently gave lectures upon the subject in the summer course at the College of Pharmacy in this city. It is not proposed to give the minutiæ of the lectures to our readers, but to present, with a brief introduction, the scheme for a chemical examination of urine, as given on the screens used in the lectures.

In following the scheme proposed, it may be said that usually it is unnecessary to make all the experiments, as some of the abnormal ingredients are quite infrequent.

The general examinations desired are for albumen, sugar, phosphates and urea, the specific gravity and its action on litmus paper.

In testing, take a small portion of the filtered urine for each separate test, and note at once the reactions, reserving each until the examination is complete.

While the daily quantity usually voided by an adult rarely exceeds fifty fluid ounces, yet there are occasions when this limit is greatly exceeded. In one case known personally to to the writer, no less than nine gallons were passed as a daily average for over thirty days, and the patient now passes daily about one and a half gallons. This has continued for over six years and has not kept the patient in the house, but on the contrary the person has, during most of the time, been occupied with regular daily duties.

The scheme which follows is only intended to enable the experimenter to recognize the several normal or abnormal constituents usually sought for, and this is copied almost verbatim from the lecture screen.

The use of the microscope in the hands of a careful experimenter is of wonderful assistance, but can not be enlarged upon in this connection.

Morbid urine may contain (1) too great or too small a proportion of one or more of its normal constituents. These are urea, uric acid, urates, phosphates, chlorides; (2) or it may contain one or more ingredients not usually found in healthy urine: albumen, sugar, blood, pus, bile, chyle.

Chemical Examination of a Portion of (Filtered) Urine.

1. Acid or alkaline; use litmus paper as a test.
2. Specific gravity, use sp. gr. bottle or hydrometer.
3. Nitric acid is added; if crystals form abundantly there is excess of urea; if a precipitate, albumen may be present.
4. A portion is heated, a precipitate indicates either albumen or phosphates.
5. To the precipitate from No. 4 (in the tube) add nitric acid. Phosphates are dissolved, albumen is not dissolved.

6. To a portion of urine add the copper test solution with heat; a reddish-yellow precipitate indicates sugar.

7. A portion is tested with nitric acid; if precipitate is abundant and of light color—albumen; if scanty and of red color—uric acid.

8. The urine when boiled forms a dark coagulum—blood.

9. The urine mixed with a warm solution of urate of ammonia gives a pink precipitate; purpurine.

10. The urine (deprived of albumen by heat) has a few grains of sugar added, and then sulphuric acid drop by drop; a deep red color indicates bile.

11. Solution nitrate of silver precipitates chlorides. (The urine must first be freed from albumen. Each grain of precipitated chloride of silver, when dried at 212° F., represents 4-10 gr. chlorides.)

12. Unfiltered urine, if milk-colored, or, if on standing, it gives a heavy milk-white deposit, contains chyle.

Examination of Urinary Deposits.

1. Deposit white, see 2: colored, see 6, 7 and 8.
2. Deposit soluble when heated; urates.
3. Deposit soluble in ammonia; cystin.
4. Deposit soluble in acetic acid; earthy phosphates.
5. Deposit insoluble in acetic acid; oxalate of lime.
6. Deposit crystalline: uric acid.
7. Deposit amorphous, faintly colored, readily soluble when heated; urates.
8. Deposit strongly colored, slowly soluble when heated; urates tinged with purpurine.
9. Deposit greenish-yellow, easily diffused by agitation; pus.
10. Deposit ropy and tenacious; mucus.—*Chemical Gazette.*

A little girl in Mt. Vernon street cut her finger a few days since and the fond mother ordered John to run quickly to Charles street and bring a doctor. "If one ain't in," were the orders, "leave word and go to the next." John obeyed orders, and twenty-one doctors called in course of an hour.

A Rejected Report of a Clinical Case.

PROF. WILSON:—Dear Sir, I have received the return of my case report, and thank you for your promptness in rejecting such material, also for suggestions in regard to the matter. The case as reported was ulceration of the Schneiderian mucous membrane, treated by *Kali Bich.* and *Sulphur* internally, with *Red Precip. Unguent* locally. Now I must confess that this case with treatment is too badly mixed for publication, there is too much such already published, nevertheless I used the specified treatment and I said so, in other words I acknowledged it. I have no doubt that the *Kali Bich.* alone would have cured, at least I thought it the remedy immediately indicated. The reason I used the *Sulphur* was because of the "psoric" theory taught by Hahnemann and maintained by most authors and teachers to the present time. It would be claimed by the above named, that if there was a latent "psora" lurking in the system, that the *Sulphur* overcomes that, while the *Kali Bich.* having a greater affinity for the mucous membrane affected, hastens the cure faster than it could be accomplished by a remedy having a more general action.

However that may be, I know that I am coming in contact with physicians quite frequently and I can not mention one that does not use medicines alternately, and too, in the greatest number of their cases.

At the college session 1874–'75 out of 213 cases treated with medicine internally, seventy were given two remedies in alternation, (some very similar to the case I sent,) while thirty-two out of the number had medicinal adjuvants used, as ointments or otherwise. I do not wish it understood by the latter statement that I am casting reflections at the faculty of my alma mater, God forbid, but I am merely endeavoring to show the difference between *theory* and *practice.*

Still as I said before I think that the only scientific way of prescribing is one remedy at a time. In nearly all cases, those

who prescribe otherwise do so out of lack of confidence in their remedies or a want of knowledge of the materia medica.

In practice, if one does not believe in the clashing, as it were, of two remedies, I see no reason why they can not in some cases be used, providing we are not exactly sure which has best indications; at the same time study and try to educate ourselves to know what is indicated in a given case.

J. F. B.

Eating and Sleeping.

Mr. Frank Buckland is always an entertaining writer. He has recently given the public his ideas about sleep and we extract the following:

I have no hesitation in saying that the proper thing to do is to go to sleep immediately (or at least very soon) after the meal of the day. All animals always go to sleep, if they are not disturbed, after eating. This is especially noticeable in dogs; and the great John Hunter showed by an experiment that digestion went on during sleep more than when the animal was awake and going about. This is his experiment: He took two dogs and gave them the same quantity of food. One of them was then allowed to go to sleep, and the other was taken out hunting. At the end of three or four hours he killed both these dogs. The food of the stomach of the dog which had been asleep was quite digested; in that of the one which had been hunting the food was not digested at all.

This fact, I think, shows the advisability of going to sleep immediately after eating. This ignored fact always occurs to my memory when I see old gentlemen nodding over their wine. Nature says to them, "Go to bed." They will not go to bed, but still nature will not allow her law to be broken, so she sends them to sleep sitting in the chairs. People, therefore, who feel sleepy after dinner ought to dine late, and go straight to bed when a sleepy feeling comes over them.

I now venture to suggest a new but simple remedy for

want of sleep. Opiates in any form, even *liquor opii sedat.*, and chlorodyne, will leave traces of their influence the next morning. I therefore prescribe for myself—and have frequently done so for others—onions; simply common onions raw, but Spanish onions stewed will do. Every body knows the taste of onions; this is due to a peculiar essential oil contained in this most valuable and healthy root. This oil has, I am sure, highly soporific powers. In my own case they never fail. If I am much pressed with work, and feel I shall not sleep, I eat two or three small onions, and the effect is magical. Onions are also excellent things to eat when much exposed to intense cold. Mr. Parnaby, Troutdale Fishery, Keswick, informs me that, when collecting salmon and trout eggs in the winter, he finds that common raw onions enable him and his men to bear the ice and cold of the semi-frozen water much better than spirits, beer, etc. The Arctic expedition, just now about to start, should, therefore, take a good stock of onions. Finally, if a person can not sleep, it is because the blood is in the brain, not in his stomach the remedy, therefore, is obvious; call the blood down from the brain to the stomach. This is to be done by eating a biscuit, a hard-boiled egg, a bit of bread and cheese, or some thing. Follow this up with a glass of wine or milk, or even water, and you will fall asleep, and will, I trust, bless the name of the writer.

Mr Buckland is a well known scientist and his views on this question may be entitled to confidence inasmuch as he has made some careful observations upon it. But we have serious doubts of his correctness, and we beg our readers to give us their opinion upon this point; whether it be physiological to sleep soon after eating; and if there be serious objections, let us know what they are. Let us have a full vote cast upon this question. A half hundred answers will be in order.

EDITOR ADVANCE:—In this place, Nov. 2d, a child was born perfect in every respect save in size. Its entire weight after it was dressed, was one pound and ten ounces. It lived till the morn of the seventh and expired.—O. D. CHILDS, Akron, Ohio.

Current Medical Literature.

British Journal of Homœopathy, October, 1875.—This number of the Journal is not, perhaps, among its best, but is of especial interest in the character of two articles; one by Dr. Lorbacher on The Emancipation of Homœopathy from the person of Hahnemann. As a historical reminiscence and as indicating a willingnc s to give all praise to Samuel Hahnemann and yet a courage to break away from all hero worship of the founder of the homœopathic school, the article will command especial attention. We of America, can have but an indifferent appreciation of the difficulties which environ the practitioners of Homœopathy in Europe. His estimate of the labors of Constantine Hering, will meet with general approval. The other article by Mr. Pope, we will notice next month.

Before I pass on to the other group to be noticed here I wish to mention a man who, though he belonged to neither of the two, yet has, by his personal influence, been of considerable importance. I mean Constantin Hering, of Philadelphia, who, like another Paul, carried the new faith across the ocean; and, above any one else, has created for it in that land firm foundations, and an extension far surpassing that of its native country. A taste for natural science was developed in him at an early age, and those studies occupied him mainly at the university. His acquaintance with Homœopathy dates from the time of his sojourn at Leipsic; and, once convinced of its truth, he became a true but not a blind adherent of Hahnemann. Regarding Homœopathy with the eye of a naturalist, he was not satisfied with Hahnemann's theoretical explanation. Whilst he kept fast hold of his doctrines, his striving spirit led him to search into their dependence on the inner laws of nature; and, though it is an unmistakable fact that he has supplied many a useful building-stone, so on the other hand it cannot be denied that he has broached many hypotheses, which, though clever, still stand in need of confirmation, and until this shall be afforded many valuable elucidations are wantingto Homœopathy. I must ascribe this to a certain want of steadfastness which prevented him, amid the exuberance of ideas, from laying hold of one, and working it out

duly, but always kept driving him from one to the other. His proper domain, the sphere in which he has earned the lasting gratitude of our profession, is the Materia Medica.

Here he has not only enlarged the existing stock and made it more useful, by establishing, clinically, a great many useful characteristic indications for remedies, but also devised fresh ones, and opened up new realms. For we have to thank him for the introduction of animal substances of which I will just now name *Apis* and *Lachesis*, which will without doubt maintain their place in the *Materia Medica*. I recollect at this momemt the great number of medicines which he and his pupils have proved; which provings would be still more useful if he had more rigidly separated the physiological from the clinical, and had omitted many superfluous remarks which only perplex beginners. We may hope there will yet be found a sifting hand to render more available the copious materials which are partly scattered through American and German journals, partly collected in his *American Provings*.

He has also done great service by translating and publishing a *Comparative Materia Medica*., composed by Gross of Barmen, a product of German industry, which, alas! found no publisher on this side of the Atlantic.

We rejoice that, in the late evening of his life, he has succeeded in accomplishing a plan, projected for many years, of collecting into a great encyclopædia everything connected with our Materia Medica. In battling with opponents, both from within and without, he loved to let off the rockets of his wit and to brandish the scourge of satire, though we and all his friends could have wished that sometimes he had done so in a somewhat less burlesque fashion. At all events, Hering is and ever will be a character remarkable for originality, boundless industry, and a never cooling zeal for our cause.

The Detroit Daily Post, Nov. 18., contains proceedings of the Homœopathic Medical Society, of Michigan. Dr. A. I. Sawyer, President of the convention, delivered the annual address. We are pleased with it. Anything pleases us that is curious. This is a curious production anywhere out of the State of Michigan. There is no accounting for tastes, especially in that state. The homœopathic profession of Michigan are hopeful as they are fanciful, and fanciful as they are pugnacious, and they are pugnacious as the d——l. The president of the society is a representative man. He represents all the peculiar features of the body he presides over. If there is anything larger than the State of Michigan, or

more important than its affairs, he doesn't know it. His opening sentence covers the whole ground at a single swoop. "Since we last met the most important and telling event in the history of homœopathic medicine has taken place." It is clear they have not met very lately. We are breathless for the balance: "viz, The teaching of that system by governmental authority in a government institution, and that institution none other than the great University of the State of Michigan." Now it's our opinion a patent lawyer couldn't broaden that claim. Of course its a "telling event." If our memory serves us, it has been telling for a good many years, telling through the medical journals; telling at the state societies; telling regularly at the meetings of the American Institute of Homœopathy, and his telling it now for the five hundredth time only intensifies our impressions that it is more than "a thrice told tale."

Michigan fancy is a lively element when once it gets to work. The worthy doctor gives it loose rein and exclaims "We now stand as the advance guard of Homœopathy on this continent." We are glad of it. With our best fighters to the front the battle is practically won. Michigan furnishes no raw troops for this great campaign. One at least of "the two professors" she has chosen for leadership was selected evidently on account of his Milesian instinct to hit a head wherever he sees it. President Sawyer is fully aware of all this. He says: "Widely as we have differed and acrimonious as has been the conflict of opinion among us" etc., and elsewhere he speaks of their "bitter strife." The doctor evidently understands the situation of affairs and labored to be conciliatory, for he knew the elements under him had a very uncertain tendency, and might explode before they combined. But he can not forego the pleasure in his parting bene(male) diction to say that, after all "it will matter but little what the few members living in this state think or do." That's not complimentary, but they are used to such things in Michigan.

Another extract and we close our consideration of this remarkable address. "But it would be no great marvel to me, should the twenty who are now attending these lectures, sub-

ject, if you please to allopathic censorship, create more stir in the medical world and do more to develop and popularize Homœopathy than the whole batch of homœopathic students in all the other colleges combined." "Batch" is not a bad word but "litter" would have been more expressive. Medical students are canine if they are anything not strictly human. But its a good deal to promise, of even a Michigan "batch," before they are nine days old. Still for hopefulness the Wolverine State takes the lead.

General Clinics.

TIC DOULEUREUX.—Mrs. P. had suffered for six years with this neuralgia and had "suffered many things of many physicians." All her teeth on the left side, upper jaw, were sacrificed and still no cure was affected. At this time the pain was most acute and she found herself obliged to remain in her own room, refusing to speak to her children, or take food for days together. The motion necessary to speak or eat, aggravated the pain to such a degree that tears flowed freely. One powder of *Bryonia alba* gave so much relief that she joined her family and took a full meal within two hours. Her symptoms continued to improve and she found herself quite free from pain. After taking a few more doses of the *Bryonia* she was discharged. The future history of the case I have not learned.—E. C. BECKWITH, Columbus, O.

DEAR DOCTOR.—Just received the last number of ADVANCE and am much pleased with the articles on ear diseases.

I have just discharged a case of chronic catarrh of middle ear, cured in two months. The hearing now is normal. When I started in, she could only hear with left ear by pressing watch against ear and the right ear about 4 inches; *Politzer*, *Sulph.* and *Graph.* Perhaps you are surprised at the last named remedy, I am with the help it gave me. I saw that remedy was good in some of my reading somewhere and as I had no special indications for anything, I thought I would try it. She had been growing deaf eight years.

I cured a case of ulcer of cornea in three or four days, by an application of a solution of *Mer. Cor.*, 1st. The base was so far along that the network of blood-vessels over the ulcer was gone. That also surprised me. I selected that by a process of reasoning. *Merc.* is good for ordinary ulcers why not for cornea.

This same case had had an ulcer before and a doctor had treated him in the usual way and he claims that the sight of his eye was spoiled by the use of *Atropine.* (?). I had tried him before with *Arg. Nit.*, solution and *Ars.*, but no go, the *Merc.* cured very quickly.—H. A. WORLEY, Davenport, Ia.

SCORCHED BATTING TO SUPPRESS MILK.—My patient was a primipara not quite eighteen when safely delivered of a fine boy. The delivery was followed in a few days by a plentiful lacteal flow which she desired immediately suppressed, but deferring to my opinion, allowed the child to nurse a few days and in a few days more informed me to my surprise, that her milk had ceased to flow. I had her under my observation during the time and discovered nothing more alarming than an acceleration of her pulse, ten to twenty beats per minute, which was attributed to the cessation of the lochia. *Bell.* 6 in water was administered for this symptom. She arose and dressed herself on the sixth day after delivery, and remained up most of the time, assuring me she felt perfectly well, and went upon the street the thirteenth day, and remains well. The promptness of the lacteal suppression led me to inquire of the nurse what she did, and was informed that she burnt or baked raw cotton in the oven and placed it

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all over the thorax, around under the arms extending up under the axilla on either side. I recently saw an inquiry going the rounds of the medical journals for a prompt and safe method of suppressing the milk, and believing this to be new herewith submit it to the profession for trial.—D. B. MORROW.

Iodine produces extreme emaciation and causes hunger.

Arsenicum produces emaciation but has loss of appetite as a characteristic symptom. *Nux. Vom.*, has hunger, nevertheless aversion to food, but *Iodine* hunger the keen relish for food with inability to dispose of [digest] it.—J. O. MOORE.

Prunus Spinosa has heaviness and oppression in the chest. Anxious short breathing. Sensation of heaviness and anxiety in the lower parts of the chest compels him to breath frequently and deep. The breath appears to be checked in the pit of the stomach.—AD. LIPPE.

TO THE readers of the ADVANCE? What do you do for membranous croup? Give us your treatment so that we may have it in our next number. We want more than a score of replies to this question. For once give this your immediate attention and oblige yours.—EDITOR ADVANCE.

Book Notices.

Diabetes and Food. By Arthur Scott Donkin, M. D., etc., etc., G. P. Putnam's Sons, New York.

The dietetic management of this disease is always of first importance. The author has given the subject large practical attention and presents views quite at variance with those heretofore accepted by the profession. We

do not share in the author's opinion that "but little requires to be written on the medical treatment of the disease, inasmuch as it may be broadly stated that almost every known drug has been tried in time as a specific for it and found worthless." The effort to arrest this disease has been attended with some success and we should by no means relegate the whole matter to limbo, but keep up a diligent search and no doubt we will find ourselves masters of the disease. For sale by Geo. E. Stevens & Co. Price $1.50.

Lady's Manual of Homœopathic Treatment. By E. H. Ruddock, M. D., London, 1875.

The fact that this is the "Sixth Edition" shows the estimate placed upon it by the public. And the estimate is a just one, for the work is in every respect, meritorious. As a book to be placed in the hands of married women, it stands unrivaled and yet it is full of just such information as the general practitioner should possess and will here find easily and quickly. We have seen nothing of the kind that pleases us quite so well.

LADIES' REPOSITORY, Methodist Book Concern, Cincinnati.—It is over thirty-five years ago that we received the initial number of this journal, being a subscriber to the first volume. What changes do we mark in the long history of this queenly monthly! No journal has better kept pace with the progress of the times. It is the family magazine par excellence, and may be taken for 1876 at reduced rates in connection with the Advance.

THE AMERICAN JOURNAL OF MICROSCOPY AND POPULAR SCIENCE, is the title of a new journal which, though specially devoted to the microscope and its revelations, also takes in a great many outside subjects of deep interest. It is very fully illustrated with new engravings, and the information which it contains is reliable, practical and interesting. Every one interested in botany, entomology, or natural history of any kind, would do well to get a specimen number, whether they own a microscope or not. The subscription is only fifty cents a year, and specimen copies will be sent free to any address by the Handicraft Publication Company, 37 Park Row, New York,

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IT PAYS every Manufacturer, Merchant, Mechanic, Inventor, Farmer, or Professional man, to keep informed on all the improvements and discoveries of the age,

IT PAYS the head of every family to introduce into his household a newspaper that is instructive, one that fosters a taste for investigation, and promotes thought and encourages discussion among the members.

THE SCIENTIFIC AMERICAN which has been published weekly for the last thirty years, does this, to an extent beyond that of any other publication, in fact it is the only weekly paper published in the United States, devoted to Manufactures, Mechanics, Inventions and New Discoveries in the Arts and Sciences. Terms $3.20. If ordered with the Advance $2.20. The two $4.70.

Miscellaneous.

Gallium—A New Metal.

Gallium is the name given, "in honor of France," to a new element which has been discovered by M. Lecoq, an amateur *savant*, of Bois-Baudran, Cognac. The celebrated chemist, Wurtz, presented to the Academie des Sciences, in its sitting of September 20th, a note on the part of M. Lecoq, announcing the discovery, particulars of which had been communicated under seal as far back as August 27th. This new element has not yet been isolated, and has not, therefore, been seen by any one; its physical characteristics remain so far unknown. It is an analogue of zinc and cadmium of which metals it is an alloy, and was found in a blende from Pietrafita, Spain. The forms under which it is known, so far, are those of the chloride and sulphate. The discoverer is a student of the phenomena of the spectroscope, and it was in the course of his observations that the new metal presented itself, its character being revealed by a spectrum which no simple body had ever given. Two lines, one much brighter than the other, both situated in the violet—the region occupied by the brightest lines of the zinc—were noticed, the place of the former line being at the 417th degree of the scale of lines and

the other at the 404th. The affinities which gallium has with zinc are declared by chemical analysis as well as by its spectrum. The actual number of known elements is 63, 47 of which are metals and 16 metalloids. If the new element takes the place claimed for it, France will have obtained an honor equal to that of England, which discovered thallium, and approximative to that of Germany, the discover of casium and rubidium.

Printing Adapted to the Eyes. By E. G. Croley.

Reading matter made by the impression of blackened types upon white paper is extremely injurious to the eye; and the great amount of myopia, amaurosis and other diseases of the eye which afflict the civilized world is due to their constant use of white and black printed material. These effects, of course, have been slowly operating through many generations, until now really healthy eyes are extremely rare; and there are more people with impaired vision than they themselves really suspect.

I would print the whole page in color and leave the letters light. In all nature we have the dark back ground and the light object upon it. There is the deep blue sky and the light cloudlets upon it. There is the dark brown earth, or the green grass, with the bright flowers upon it. There is the dark grey rock, with the pale green or orange-colored lichen upon it. White, as in the snows of the Arctic regions, the cliffs of the Pyrenees, and the sands of the desert, has ever been found injurious and destructive to the human eye, which is accustomed to the blues, greens, browns, greys and the dark neutral tints of nature. If we were to pick out the object that is seen at the greatest distance in the universe,

then that would indicate to us what would be the proper contrast of colors for page and letter.

The Chinese, when they invented printing, first incised the characters upon the block (reversed, of course) then covered the block with dark ink, then impressed it upon the thin yellow paper which they have used from time immemorial, and so the page came forth with light yellow letters upon a dark back ground. We find the analogy to this in nature—the object that can be seen at the greatest distance is the bright star upon the dark back ground of the universe. There is no fatigue in looking at the constellations traced in lines of fire upon the dark pages of night. It would follow, therefore, that a golden or yellow lettering upon a back ground of dark blue is that which would best suit the human eye. Curiously enough, since I first published my ideas upon this subject, a gentleman who found blindness gradually creeping upon him, tested his ability to distinguish colors and characters in the different stages of his disease, and he found that the dark back ground with yellowish or golden tinted spots upon it was what he could distinguish longest and last before total obscurity supervened. You will find the case recorded in the *Boston Medical Journal.*

Even uninstructed sign painters adopt the same principle in their business. They give the sign the black back ground and the golden lettering; and we know that these are the signs we can read most distinctly and at the greatest distance in the streets. But we can not effect this combination of dark pages and light literals with our present typographical processes. You must put up with a dark ink upon a light back ground, because there is no white ink of sufficient body to make a distinct white impression from type upon a dark page. Well now, with this new photolithographic process, it is possible to make the combination which I claim is the natural and proper one, that of bright lights upon dark back grounds; and hence the books of the future will bloom like a garden of flowers. We can make letters and pages of any different combinations we please. All we require is to employ different colored light papers, and different colored

dark inks, and the taste of the workman of the future will be exercised in devising the most charming combinations of colors to suit and stimulate the tastes of his patrons.

PROGRESS OF CHEMICAL SCIENCE.—Where is the chemist who, living fifty years ago, would have believed that, taking for a starting-point the elements of water, air, carbonic acid, azote and oxygen, it would have been possible to compose substances which have nothing analogous in mineral chemistry, such as the odorous principles of fruits; the irritating essences of garlic and mustard; the waxy matters known under the names of Chinese wax, and that of whales and bees; alkaloids, similar to morphine, quinine, nicotine; the sweet scent of mint; and essences, such as camphor; of cinnamon, cummin, aniseed; the acids of ants, of vinegar, butter, valerian, benzoin, sour milk, and sorrel; the azotic matter contained in the bile. All these, and many more, the chemist creates at his will. If he can not fix in his retorts the vital principle, he can compose the necessary materials for a living being, and form as he pleases a new world of immediate principles which are not met with in any known organisms. Thus the domain of organic chemistry grows wider as the functions of these composite types become better known; and yet after gaining such a height, more extended horizons spread before it, new worlds await the bold explorer, and it is scarcely possible to assign a limit to its progress.

A doctor went out West to practice his profession. An old friend met him on the street one day, and asked him how he was succeeding in his business. "First rate," he replied. 'I've had one case." "Well—and what was that?" "It was a birth!" said the doctor. "How did you succeed with that?" "Well, the old woman died, and the child died. But I think I'll save the old man yet!"

THE BORGIAS OF OUR KITCHENS.—Oh, woman! heaven's last, best gift to the kitchen, must you and your daughters still continue to marshal families the salaratus way to dyspepsia? Can you never learn that the gridiron and the clear, glowing beds of coal, whereon St. Lawrence himself would have deemed it a luxury to be broiled, better benefit the lordly steak unmacerated with the brutal pestle, uncontaminated with factory lard, and will sooner woo it to turn to pale pink, delicate amber and tender brown (with a sensitive elevation at the corners, forming a central chalice for the reception and preservation of its own juices) than the frying pan, accursed of God and abhorred of men? Know you not that by thinly slicing potatoes—not left over from yesterday's noon-day dinner—into cold water, wiping the same dry in a towel, dusting them with pepper and salt, frying them in boiling lard, and as soon as they put on the rich golden brown hue of a Cuban belle, removing and draining them, you can compass that which, at Saratoga, has brought fame and fortune to the artistic restaurateur? Is it not in you to pour boiling water on your coffee, and set the pot over a shovelful of embers in the hearth-box, where it will just simmer and not boil? Can your finer female sense not apprehend the difference between fanning a smokeless fire with a generous slice of bread till the surface of the latter turns delicately golden, then brushing the same with fresh butter, and burning bread on the top of a dirty stove, then swabbing it in melted, rancid oleo-margarine? Alas! if experience can be relied on, we fear not. Priscilla is joined to her salaratus and fryingpan; let her alone.

DRUNKENNESS AND PUBLIC HEALTH.—Inebriety, in its relation to public health, is not limited to pauperism, crime, sickness and mortality, but beyond all this there is the transmission of diseased tendencies which, like the pollution of a fountain, flow down, tainting all the stream below. The children of inebriates inherit a physical and moral nature, diseased and defective, bound down by conditions of birth, like

an iron fate, from which their whole life is a struggle to escape. The law of inheritance which perpetuates the sins of the parents unto the third and fourth generations, are literally fulfilled in the inebriate. Were it not for the inexorable law of selection, which brings the physically weak to an early grave, and hurries the morally diseased to the centers of death, our race would be burdened with a festering tide of corruptions, propelling it backward into the night of barbarism. Nature seems in league with virtue, to eliminate diseased bodies, with defective brain forces; and without progeny these poor victims are drifted into the purlieus of large cities and on the frontiers of civilization, and perish as a relief to the world. It has been said "an inebriate transmits poison enough to require ten generations to eliminate it." Idiocy deafness and physical defects follow very commonly in the second generation from this affection. The effect of inebriety are well illustrated in the following case, which is not alone in the history of the year past. A large cotton firm became bankrupt, and with it four smaller houses, three of which never regained their former footing. More than a dozen firms and single traders had to change, or dissolve. Eight hundred workmen were thrown out of employment in midwinter and moved away during the year that followed; all originating in the inebriety of the senior member of the firm. *Sanitarian.*

An Episode. Reported by Hans Dinkelbender, M. D.

The students of the Pulte Medical College varied the monotony of lectures somewhat on last Thanksgiving Day. It being an off day, no lectures, etc., a mass meeting of students and Faculty was called in the main lecture room at 9:30 in the

morning. A startling programme of exercises was found written upon the black board. The Professor of Ophthalmology and Otology announced himself the lord of misrule and took charge of the proceedings. He promulgated as the order of the day that every body was to do just as they please, and then proceeded to explain the before mentioned programme for the benefit of those who could not read. It included matters zoological, venereal, gynæcological, musical and personal. (especially personal. A quartette sang a standard melody and the Professor of Materia Medica tookt he floor and gave an account of a homœopathic hospital in Montevido. A *tree oh* followed and the gentlemen concluded before they finished the song that they were up a stump. The Professor of Physiology was introduced and stammered out some pleasantries according to Mark Twain. A gentle lad from Buffalo rendered Sergeant Buzfuz's Speech in the Bardell *vs.* Pickwick case. He made no special fuz about it and the result was the defendant was convicted. At this point the students became *Ryaled* at one of their number and a promising youth nameless here told the story of the Bumblebee. It was a stinger and called out heavy demonstrations of applause. The crowd soon looked exhausted and the Professor of Gynæcology administered *Hartshorn* until they all revived. A lively youth then bade them all gaze on Parhassius who painted Prometheus while an old man was dying. It was awful. The Professor of Principles of Surgery gave the crowd a paternal blessing. It was received with cheers. A *Brown* looking gentleman wrestled a while with Poe's Raven but finally subsided leaving the floor to the poor bird. Such *Ravings* were endured with delight. The Professor of Diseases of Infancy pleaded the baby act and was let off after the perpetration of several atrocious witticisms. The Janitor was called in and surprised with a dray load of sundries from the appreciative class. Then the doors swung ajar and five gallons of sweet cider, a bushel of dough nuts, a peck of raisins and nuts and a box of cigars were placed on the table. Before they were touched a *Griffin*-like looking student opened a budget of personalities in the shape of co

nundrums etc., etc., that struck many a sore spot. It was a perfect take off; it took the house off its feet and landed several parties in the mire. The Professors of Physiology and Paedeology then invited the company to partake of the good things they had so generously prepared.

Jack Sprat and his wife couldn't have done better. The table was cleaned in a trice and the happy crowd dispersed wishing Thanksgiving Day many returns with short intervals.

Editor's Table.

DR. JULIA FORD, of Milwaukee, will spend the winter at Jacksonville, Florida, on account of her daughter's health. The doctor will give attention to practice while in that city and we recommend to her patients going South for health.

A MARCHAL AND SMITH PIANO for a holiday gift, would be acceptable to any of your friends. We can furnish one new from the factory and at bottom price.

ALKETHREPTA.—We have had occasion to use this most excellent beverage considerably of late and find it one of the pleasantest and most valuable drinks for a feeble stomach, within our knowledge. A trial of it will prove its superior efficacy. Smith and Parks have a supply.

VACCINE VIRUS is in good demand. Dr. Dixon's non-humanized article is reliable, as we know from experience. Smith and Parks keep a fresh supply.

ELECTRICAL and galvanic apparatus may always be had of Mr. Ernest Zeuschner at 206 Vine Street. Both in mak-

ing and repairing he is not excelled. Orders sent through us will reach him promptly.

THE Homœopathic Mutual Life Insurance Co., of New York, issues a small circular entitled "Why Lower Rates to Homœopaths." It is a valuable comparison of risks and clearly shows the ratio of actual to expected loss, to be of the homœopathic, 67 per cent, and of the non-homœopathic to be 143 per cent. This showing shows for itself. Look at their advertisement.

LIFTING as a Remedial Agent is coming very generally and deservedly into popular use. In Cincinnati a successful effort is being made to introduce it through the medical profession to a large class of patients who are suffering more for systematic exercise than medicine. Mr. A. J. Cherry, the gentlemanly proprietor at 174 West Fourth St., knows how to initiate his patrons into the mystery ofthe art. Give him a call.

HOYNE'S Materia Medica Cards have been recently examined by us with reference to their practical utility and we have no hesitation in saying they are unequalled in the aid they give the student in the study of this complex department of medicine. The leading symptoms of the drug are selected and so isolated as to be easily comprehended and fastened in the memory. Any one wishing to become a good prescriber had better study these cards.

REMOVALS.

Dr. F. B. Sherburne, to Americus, Lyon Co., Kansas.

Dr. J. E. Baker, to 239 Fourth Street, Cincinnati.

Dr. E. W. Crooks, to Santa Barbara, Cal.

Dr. A. C. Recker, to Troy, Ohio.

Dr. S. J. Hill, to Cherokee, Iowa.

DR. A. C. WILLIAMSON, to Fort Wayne, Ind.

MARRIED.—Dr. D. A. Hiller, of San Francisco, to Miss. Sadie Loring Ladd.

DR. TOM W. BROWN was recently married to Miss Lilly B. Rea, of Dayton, Ohio.

Dr. Gage, of Miss., informs the world by circular that patients will be expected to furnish "Oil, Salts and Turpentine." The doctor is in error. Oil, salts and turpentine will furnish patients, and he had better supply these drugs himself liberally, if he wants business.

NEW YORK OPHTHALMIC HOSPITAL for eye and ear, report for the year ending September 30, 1875, number of prescriptions, 28,401; new patients, 3,898; patients resident in the hospital, 135; average daily attendance, 94; largest daily attendance, 183.

Mrs. McClatchey, wife of Dr. R. J. McClatchey, of Philadelphia, died recently after a lingering illness. The doctor has our sincere sympathy.

DR. J. B. MCSWANE, of Olney, Ill., a physician of fine promise, died Sep't. 25, 1875, of phthisis pulmonatis.

SMITH AND PARKS, Homœopathic Pharmaceutists, have removed from their old and well known stand, 21 West Fourth Street, to new, beautiful and commodious quarters, 143 West Fourth Street. Call and see them.

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J. P. GEPPERT, PR.

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., FEBRUARY, 1876. NUMBER 10.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

HONOR TO WHOM HONOR.—From a valued correspondent we have this dolorous cry, "How little have our eye and ear men really done for the profession! The American Institute of Homœopathy manages to squeeze some juicy articles out of them, T. C. D." And this writer is a journalist, supposed to be posted. For once he has missed his man. The Bureau of Ophthalmology and Otology has been in existence just three years. Before that, our eye and ear specialists had no name in the profession, no nucleus around which to concentrate their action. The first report, at Washington, found their chairman acting alone. The subsequent year, at Cleveland, found the chairman with one recruit. These two years were not prolific of much work, but at the Niagara Falls and Put-in Bay meetings this bureau largely excelled the others, though these latter were manned by men who had grown gray in their special work. Besides this, our journals are all teeming with the work of our oculists and aurists. And so abundant is our material and so full of enthusiasm are our workers that they could easily quadruple the matter they present, and are held back only by a desire to fill the space properly allotted them. Squeezed, indeed! Why our surgeons are not doing half the work these men are doing. T. C. D.'s own journal is evidence on this point. His impressions are glaringly at fault. The eye and ear men ask no favors only a fair recognition of their labor.

IT WAS Captain Bunsby, the bosom friend of Captain Cuttle, who could give "an opinion as is an opinion." The Captain's worthy successor is the editor of the "Science (?) of Health." From his talk with correspondents, both real and imaginary, we clip the following:

"W. H. S., can *Alcohol* be dispensed with in every case as a medicine?"

EDITOR, "yes."

READER—"How do stimulants operate in the human system? Do stimulants shorten life?"

EDITOR.—"They do not 'operate' at all, they are operated on. The living system resists and expels them and in so doing expends a portion of its inherent vitality, rendering the person weaker and shortening life." Another correspondent complains of seeing "through water or as if the aqueous humor were riled; and the editor gravely assures him that "the immediate cause is a humor in the blood." Do you mean aqueous humor Mr. Editor? Very likely, for it would be hard to demonstrate the existence of any other. And that's a fine distinction between the supposed active and the actually passive state of *Alcohol* taken into the system. It isn't the *Alcohol* that hurts but the rebellious efforts of the system. That's on a par with the Paddy who dropped out of a fourth story window; said he "bedad it vashn't the falling that hurted me but the stopping so quick." To utter such statements as *ex cathedra*, is simply nonsense. The action of *Alcohol* in the system is an open question among scientific men, but its all the same to this sapient editor who has a mania for humors and a phobia of stimulants.

A SHORT CHAPTER ON CIDER MILLS.—In order to have cider we must have the mills for grinding and pressing the apples. Suppose now a considerable amount of the capital of the country was invested in this branch of industry. At the end of the year the Secretery of the Board of Trade makes up his report and he puts down the accounts as they come in from the various mills. John Jones has a mill and it is minutely described; the beams, the screws, the piers and the mule that furnishes the motive power; and then the account closes with a statement that next year the mill will certainly turn out five hundred barrels of cider, for farmer A and B and C, have large orchards that are expected to bring in fine crops of apples. Samfuel Smith has a mill and a lengthy description is given of it. This mill promises next year of course to turn out one thousand barrels of cider for farmers X, Y and Z, are down on his books as sure to deliver their apples there as soon as they are ripe. Nick Thompson and Hy Ferguson and fifty others, have mills and they are all described and credited with promises of a fathomless amount of cider *next year*. Now how much of these promises, estimated in dollars and cents, will be put down as part of the financial capital of the country? Not a bit of it. This is what we call "all talk and no cider." And this is what we

get out of most of our medical societies' reports. The secretaries are very kind to remember the ADVANCE and generally send us an account of their proceedings. We look it over and we find any amount of machinery displayed. The list of officers and censors and the long list of *committees that are to report at the next meeting.* But as we get no satisfactory report of the scientific results of the present meeting and have about as much faith in the getting of the next report as we have in next year's crop of apples, we don't put such things down as part of our cash (scientific) capital. It's too much talk for the cider. We have seen but one model report in the past year and that is of the N. Y. State Homœopathic Medical Society and published in our December number. Why can nct the secretaries of our societies follow so excellent a copy and give us what will lumber up our pages less and do our readers more good. Cider, gentlemen, is what we want.

The Burning Question. By Dr. Ad. Lippe, Philadelphia.

"To be or not to be, that is the question!" Or what are we and what are we not? Are we, what we profess to be, Homœopathicians, or are we, as a body of men, as represented by our societies, colleges and our literature merely united in antagonism to the established societies, schools and literature of the predominating Allopathic School, at times openly at war with them and then again offering to it the olive branch of conciliation. There are some men among us who really have read the Organon of Hahnemann, who comprehended it, who really and truly in sincerity accepted his teachings and accordingly practice the healing art. They are openly denounced in professingly homœopathic journals, as illiberal, narrow minded and dogmatic men, who are an impediment to the progress of the Homœopathic School, who are trifling with people's lives because they have learned to cure the sick with small doses of homœopathic medicines administered under the strictest interpretation of the fundamental principles of

the school of Homœopathy. On the other side we have a multiplicity of opinions and "No Principles." As a representative man we see General Bumm.... step forward telling the profession that the majority of members of our societies are with him, that he leads them to glory and victory by all sorts of ways, and he declares, pulling out his old horse pistols with flint lock to be sure, that he, with aforesaid pistols loaded to the muzzle with pumpkin seeds, will go a killing all worms that are moving alive in the intestines of men, women and children, and no matter whether he also kills the man, woman or child, dead are the worms; and he brings them in triumphantly, having conquered the enemy.

Again appears another man of learning, who can tell you at once when the salt which holds the water in some brain tissue in obedience has disappeared, allowing the waters to roam about the cranium like a wild beast in search of what they may destroy, and now he has, by two years research, found one of twelve all potent curative agents which will at once wander to the flooded country and again fix the water fast in its place where it can do only good, and as soon as the water has been properly confined by salt the diphtheria also ceases, it, the water, having no more power for evil in the throat or anywhere else. That is "Modern Science" so we are told by the sponsor and celebrated endorser of the Twelve Tissue Remedies; and who doubts the twelve all curers or the logic of the scientists, *i. e.* the inventor and sponsor is sent to "Egypt," there to search for more wisdom. Then we have the men who say Hahnemann contradicts himself and when asked where and how, they say—well Tom says so and Tom is a learned boy, who says that John Bull has said so and John is learned, and would not do anything that is not exactly the right thing; and as I have no time to begin reading up and really never cared anything about that old man Hahnemann and his writings, I wish to be excused—I am a member of all so called homœopathic societies I could reach, and that makes me all right before the public.

And again rises another learned man, he holds in one hand the bloody lancet and he declares he did bleed a man, and

the man did not die, and it was, "in his opinion," the right thing to do, and would do it again, and that is nobody's particular business. I am a professor and am endorsed, who dares to find fault with me and now I am a going to hunt up all the old trappings which the "Regulars" in the course of time have thrown away as useless ornaments, having served their purpose in the lecture room and found of no use on the battle field where disease was to be fought, and I shall exhibit the old rags to my class and ask my less learned brethren to just put them on for effect and as a token of "Liberality" and whoever doubts the propriety of going into the camp of the benighted Allopathists and pick up their refuse, shall be denounced as "not learned" as opposed to "communism" and be declared an enemy of the peace which we desire to have at any price. And a majority is expected to decide that we "Be" and that we are Homœopathists because we profess to be so. Notwithstanding all this, some strict constructionists will doubt the possibility of keeping together in peaceful harmony such antagonistic elements, will doubt seriously of harmonising truth and error. Still, who can tell? We live in the days of progressive science, and some of these stupid doubters may be taught better by and by. Truth and error may be forced to co-exist, and in harmony, serve a good cause, lead us to victory. Time will teach us who is right and who is wrong.

The great medical work, the Organon, by Hahnemann, is out, has been retranslated, and there we find the solution to all our doubts and misgivings. For the present we shall not review the translation, we have just received the work and in reading the preface of the translator, we are struck by the following sentence which we find on page xi.

"As for the rule '*Similia similibus curantur*,' physicians agree that it is the most practical guide to aid us in the selection of most, perhaps of all, medicines. We accept it as an empirical fact, not as a theory or hypothesis, as our opponents quite erroneously term it. The explanations of its workings are as numerous and varied as they are unsatisfactory, from Hahnemann to the latest expounder, yet the rule is a good

and safe one, and though imperfectly explained, we may continue to apply it in practice, till at some future time we may enjoy the privilege, not only of contemplating what we have cured, but also how it was done."

In a foot note to the first paragraph of the Organon, Hahnemann says:

"But not the habit (with which many physicians have wasted their time in search of fame) of concreting so-called systems out of certain empty vagaries and hypotheses, concerning the inner obscure nature of the process of life or the origin of diseases, not the innumerable attempts at explaining the phenomena of diseaaes or their proximate cause, etc., ever hidden from their scrutiny, which were clothed in unintelligible words or as a mass of abstract phrases, intended for the astonishment of the ignorant, while suffering humanity was sighing for help. We have more than enough of such learned absurdities called *theoretical medicine*, having its own professorships, and it is high time for those who call themselves physicians, to cease deluding poor humanity by idle words, but to begin to act, that is, to help and to heal."

There are no comments necessary, except a passing remark, that it would probably have been better, if the learned translator had said less, as from the above quoted sentence as well as from other sentences in his preface the inference might be drawn, that the translator was not altogether imbued with the "Genius of the Homœopathic Healing Art."

"We may continue to rule in practice," sounds very, very weak. It would have read better if the truth, the whole truth and nothing but the truth had been told, viz: It is the only rule which we must follow in practice, (*there is no other rule*) there is no alternative left us, if we profess to be Homœopathicians either to always follow this rule—to Be—or to may be allowed to follow it or may—not Be.

Theory and Practice.

Membranous Croup. By J. P. Dake, M. D., Nashville, Tenn.

Being one of your "readers," to whom you address the inquiry—"What do you do for membranous croup"—I hasten to submit my response. I hasten, because the disease is urgent and one almost universally fatal under allopathic modes of treatment, and because it is yet too frequently fatal under what is claimed to be homœopathic treatment. And I presume to make response, not because I have any new remedies to bring forward, not already well known to the profession but in order to show the good results of old, well tried homœopathic remedies, operating under conditions made favorable by proper hygienic measures.

And my response is intended as a protest against the assertion frequently made by practitioners, even in our own school, that membranous croup has not been and can not be cured by any known remedies.

Croup is an affection so well marked and understood that a number of cases need not be cited to illustrate its character and show the indications by various remedies.

If it ever be possible to have a routine in the treatment of any disease, to mark out beforehand what should be done in case of its occurrence, it is possible in prescribing for croup.

While we recognize, more or less, the distinctions usually made by writers upon diagnosis and practice, such a *spasmodic*, *catarrhal*, *inflammatory*, and *membranous* croup, we must not forget that very often such distinctions may but cover the different stages of croup in a single case.

That which the practitioner pronounced *spasmodic* croup yesterday, he may find to be *inflammatory* to-day, or *catarrhal* to-morrow and even *membranous* the day after.

The following is the course I have pursued in hundreds of cases, in the last twenty-five years and with such a measure of success that I have no disposition to depart from it and most certainly shall not till a better is made known to me.

1. When called to a case of croup, especially if near its beginning, I prescribe *Aconite*, in water, a teaspoonful every fifteen minutes.

If the affection is only spasmodic it will require no other remedy. I have seen it yield to the first dose.

If it is inflammatory, or after four doses of *Aconite*, shows no signs of breaking or loosening up, I order a slice of salt pork or bacon, sewed upon thick flannel, applied to the throat from the chin down to the breast bone, to be renewed daily till the croup is gone.

2. I then prescribe *Spongia Tosta*, in water, a teaspoonful alternately, with *Aconite*, the doses one half hour apart, the intervals to be lengthened as improvement progresses.

I order the patient to be kept in bed, free from excitement, in a warm room. I allow nourishing, but not too stimulating a diet.

These remedies cure nine-tenths of all cases, when persevered with. They should be given steadily, the patient being awakened out of sleep for them at the appointed times.

3. When the croup is broken, but there remains a hoarseness and seeming dryness of the membranes of the air passages, I give *Hepar Sulph.*, in trituration a dose every two or three hours, returning to the former remedies at night, if there is any tightening up in the breathing or return of the peculiar croup cough.

4. When there remains an apparent collection of mucus in the air passages indicated by a rattling sound and especially if there is a loose cough with expectoration, I prescribe *Kali Bichromicum*, through the day, in water, a dose every two hours, returning if necessary to the former remedies at night.

5. If the disease does not readily yield and there is increased difficulty in breathing, especially if there are patches of false membrane visible in any part of the throat, besides

the measures already mentioned I prescribe a gargle of hot water and alcohol, equal parts, to be used every three hours. In the case of infants, too young to use the gargle, I order a teaspoonful of alcohol in four teaspoonfuls of hot water, to be fed to the child in its place.

I also have the patient eat crackers or dry bread or toast, frequently, and allow a more generous diet than before.

And besides the bacon on the neck, I order the throat rubbed often with the fingers dipped in warm lard, say every three hours.

If, while using the *Aconite* and *Spongia*, the paroxysms of difficult breathing continue to come, the patient seeming worse at night, I prescribe, at those times, two powders of *Kali Bichromicum*, (especially where there has been, during the day, running at the nose with considerable coryza) the powders to be taken dry, one hour apart, and then a return to the former remedies.

But if, during the day, there has been more hoarseness with dryness of nasal ducts, and especially if there is any enlargement of the glands of the throat or neck, *Hepar Sulphur* is prescribed in place of the *Kali*.

6. In scarlatinal complications I have sometimes used *Iodine* in place of *Spongia*, and *Belladonna* in place of *Aconite*, with good results.

And in throat or nasal diptheritic complications, I have occasionally used *Bromine*, with good results.

But I would adhere to *Aconite*, *Spongia*, *Hepar Sulphur* and *Kali Bichromicum*, in preference to any and all other remedies, in every stage and form of croup, forsaking them only in exceptional cases, for the *Iodine* or *Bromine*.

In treating diphtheria, when the air passages have been invaded, I generally substitute *Belladonna* for the *Aconite* and go on as detailed above, in the treatment of croup.

In some of our journals I have read statements like this—"Not a case of genuine membranous croup has ever been cured."

Now in less than twelve months I have cured three very bad cases of genuine membranous croup. I say three cases

(while I feel very sure that I have cured more), because in those cases, such "physical manifestations" were present, to aid the diagnosis, as would convince the most incredulous observer.

The patients had the peculiar false membrane upon the tonsils and walls of the pharynx, the croup had continued for at least three nights and days before I was called upon to prescribe. During the progress of recovery, in each case, pieces of membrane were coughed up from the larynx.

The treatment in these cases was such as detailed above, except that while there were patches of the membrane in the pharnyx, I employed *Phytolacca* or *Nitric Acid* in the place of *Aconite*, in alternation with the *Spongia*.

The *Alcohol* and the bacon and the food mentioned were used steadily.

I have thus, briefly as possible, made my response to the Editorial inquiry.

But to anticipate the further inquiry—"Dake, what is the rationale of your treatment"—I beg space to say, that the medicines are such as pointed out by the law similia.

Reference to the symptoms produced by the several drugs in the healthy, as set forth in various contributions to materia medica, will show that they are properly indicated in cases of croup, of the usual type and characteristics.

The bacon upon the neck, excludes the air from the skin, more or less perfectly and makes draught upon the perspiratory vessels, favoring exudation outwardly instead of inwardly upon the mucous membrane of the air passages.

The *Alcohol* and hot water gargle softens and disintegrates the pseudo-membrane and increases the heat and excitement in the throat at first and then lessens it, quickening the efforts of nature to throw off the accumulated deposits.

The dry cracker or toast, chewed and swallowed without, drinking excites the salivary glands and secures a supply of one of nature's greatest solvents and a most important factor in the work of digestion, which is always difficult in cases of diphtheria.

The frequent rubbing of the neck with the greasy fingers, also favors the secretion of the fluid required in the protection and restoration of the delicate mucous membrane.

And again it may be asked, what "potency" of remedies I prefer in croup.

For a dozen years and more, breaking over the ritualistic notions of many in our school, in my effort to secure the fullest range and influence of remedies, I have brought together in one bottle, several different potencies or attenuations, viz: the 1st, 2d or 3d as my lowest, then the 7th, 14th and 31st.

My remedies for croup have been so prepared, except the *Nitric Acid*, which is always the first decimal, made with distilled water.

I usually put two drops of the tincture or two grains of the trituration of my medicine to each tablespoonful of water, and administer to a child under ten, one teaspoonful of the solution, as a dose, and to those over ten two toaspoonfuls.

Possibly the 3d or 6th attenuation of the remedies would do as well and may be the 30th or 200th alone; but I prefer to secure a wider and surer range of action, recognizing as I do, the same kind or quality of force in each single preparation, the difference being entirely one of degree or extent of range.

In conclusion I would say that, whether my rationale be good or bad, the measures themselves, relating to the externals as well as internals of the treatment, are sound and remarkably successful.

Though I have never been in the habit of parading my clinical experience before the profession, in the form of cases cured and drug symptoms verified, I have gained many clinical facts that are of great worth to myself; and so far as relates to croup, the disease under consideration, I have no hesitation in giving the fruits of my study and experience, hoping that they may be of some benefit to the readers of the ADVANCE.

My communication is but a plain statement of facts, not an essay, nor yet a fancy display of things culled from works

on practice and from repertories. Being asked what I and not other people do for membranous croup; I have given the unvarnished particulars of my treatment.

Treatment of Membranous Croup. By E. M. Hale, M.D., Chicago

You ask in your last number for experience in the treatment of membranous croup. I have just conducted two cases to a favorable termination and will give you the plan I pursued. Both were female children six years of age, of strumous temperament and the subjects of eczema. The disease began insidiously with looseness, partial loss of speech; hoarse, metallic cough, fever, etc. Under the use of *Aconite* and *Hepar Sulph.* the children grew worse until it became evident that the membrane was spreading and thickening. From time to time shreds of an ominous character were coughed up and the respiration became difficult and sibilant.

At this junction the patients were placed on *Sanguinaria*, (the acetous tincture) ten drops in half a glass of water, a spoonful every half hour with the use of a spray from a steam atomizer, used for a few minutes every hour. In a few hours improvement was manifest and in twenty-four hours the children were out of immediate danger.

The treatment was continued however, less energetically for several days before I considered them safe.

For the looseness and weakness of voice *Causticum* and *Iodine* 3d were given for a week or more, the latter in the atomizer.

I consider *Sanguinaria* and *Iodine* to be the chief remedies in true membranous laryngitis. In the diphtheritic variety, I should prefer *Bromine* (3) and *Merc. Cyan* (6) with inhalations of *Salicylic acid* or *Bromine* or the *Bromide* of *Ammonicum.*

Membranous Croup.

Seeing a request in last number of ADVANCE in regard to treatment of croup, I would say, I have treated some cases of that morbid condition and invariably give the remedy, which is the clearest representative or corresponding similimum, usually, however, find *Aconite* for first remedy; one dose, followed by *Spongia* and *Hepar Sulph.*, or *Phos.*, especially if the child is very weak, but if attack comes about midnight and excessively restless with appearance of impending death, sinking, etc., I give the *Ars. Alb.*, 30, one dose and put blank pills in water and give of this alone, every 5 to 15 minutes; "to act on the mother and friends" until the child shall have received the benefit of the *Ars.*, and the relief, if any, will soon follow; if not, my choice is soon decided, upon *Lach.* or *Tartar Emet.*, by observing closely if a paralytic action is approaching, or if it seems to be smothering, and this is represented in the manner of its inspiration and expirations. I find usually more trouble to doctor the mother in order to hold the child from perishing, than contending with the disease itself, as they usually want to help the matter by such superstitions and pernicious applications as goose oil, alum, hot or cold compresses or plaster of Scotch snuffs on chest; and would even kill the babe with their well meant, but silly and worthless trash. O. J. LYON.

Eating and Sleeping. By J. L. Bean, M. D., Medina, O.

I have just read the article on Eating and Sleeping, in January number, and I can not withhold my pen from writing about this matter a little, for I have had some experience in both eating and sleeping. Now if Mr. Buckland is a scien-

tist, he must have been in the "nodding" condition when he wrote the article, for I agree with your "serious doubts" most assuredly. This would be my answer, in short. It is just as a person habituates himself. Let him take a nap at any hour of the day and soon he will feel the desire for sleep at that hour regularly as that hour of each day arrives. Let him lie abed late in the morning and he will not feel that his slumbers are finished on the following morning till about the same hour.

"All things being equal" I think it well for a person to take a recumbent posture for a half hour or so, after a meal not to sleep but to rest and never go at hard work immediately after a meal. To induce sleep by eating of hearty food, is a new idea, to me at least. By eating a biscuit, a hard boiled egg, cheese; and the learned scientist might add a few small iron wedges, and then take wine,—enough to muddle his brain and call the blood thither,—and he perhaps, would sleep. But I should pity his bed companion if lucky enough to have any. For he would, no doubt, dream of his great great grandfather and pass through all the ordeals of the Sons of Malta.

No Sir a light supper, (early or none at all) gives sweet sleep, a clear head and a good appetite for breakfast; that is my experience objective and personal. Be regular in all habits and strictly temperate.

A Case for Consultation. By Geo. C. Jeffery, M. D., Brooklyn, N. Y.

EDITOR OF THE ADVANCE:—I wish to submit to the consideration of the readers of your valuable journal, the history of a case that has been under my treatment for the past three months, and ask of them a few suggestions relating to treat-

ment, also to announce to me a proper diagnosis. I have employed remedies that seemed to be called for by the indications, but with very unsatisfactory results as a consequence. *Bryonia*, *Phosphorus*, *Rhus Tox.*, *Nux Vom.* and *Sulphur* have been my principal reliances, bnt have failed in bringing me the much desired success.

Edgar V., age 44; nationality, American; vocation, bricklayer. About three years ago while employed at his trade, he experienced a desire to urinate, which he accomplished, but noticed a dribbling of urine immediately afterwards, which continued until nearly an ounce extra had been voided. This condition still continues until the present, he losing a quantity of urine by this dribbling process after each emission. He was just beginning to get accustomed to this annoyance when he was taken suddenly with a pain, which he locates, at the point of conjunction, between the last lumbar vertebra and the base of the sacrum (This supervened in about two weeks after the first trouble began) which has continued with vacillating intensity ever since. Every time he stoops over he has a sensation as if there was a discharge of fluid taking place from the meatus urinarius and the feeling of a desire to urinate is ever constant. During stool or upon any exertion, there is a discharge of a glairy fluid of the consistency and resembling much the discharge of gleet; it having none of the characteristics of semen.

The pain he complains of in the sacral region, is of a dull heavy nature and is constant, while pains of an erratic and acute character (confined to the left side alone) are ever present; attacking in turn, either his leg or knee, or else his arm and and shoulder.

Two circumstances that add perplexity to the illusion are, that when he is in the act of urinating, he experiences pains and chills shooting up his spinal column, which causes him to shudder and become tremulous in all his limbs; also, that while the pains are visiting his left shoulder and arm, he, by turning his head towards the right shoulder, experiences immediate relief, while turning to the affected side, results to him in a great increase of his sufferings.

There is a dull, aching pain at a point between the superior curved line and the lower border of the occipital bone, which is constant.

The slightest movements cause the return of his distress, while lying or sitting down brings him much relief. Symptoms, better at night. The state of the weather has no special influence; he is sometimes better in stormy and rainy weather, and worse on pleasant days, or else the converse may happen. Bowels inclined to costiveness and are frequently loose, but are never natural.

I have never been clear in my diagnosis of this case, I consider it however a purely nervous difficulty, but as to what the precise pathology of the affection is, I wish to learn from others.

I was at one time suspicious that he was suffering from some form of growth in the immediate vicinity of the cerebellum, owing to the perversion of action exhibited in some of the organs of sense, but as the last year has been one of some improvement to him (the eye sight and hearing being again normal) and as he has never suffered from the unsteady gate, vertigo on exercise, gastric derangements, disordered sensation being of the nature of either anæsthesia or hyperæsthesia, as are described as accompanying symptoms to such a condition; I have passed by this diagnosis and have since been trying to substitute it by another. The pains described are evidently of a neuralgic nature, but why they should be stationary at the sacrum and also shifting only on the left side, why the peculiar movements of the head bring either relief or aggravation, why he has the peculiar sensations denoted in the urinary, and the dribbling afterwards or why he should have the discharge of gleety fluid during stool or exercise? are questions that my youthful mind can hardly encompass and elucidate.

Who will define the enigma? Who will furnish me the proper remedy? My potencies have ranged from the third to the thirtieth centessimal and have been repeated at night and morning from the commencement.

The Modern Theory of Color. A lecture by President Henry Morton, of the Stevens Institute of Technology.

In a lecture, recently delivered at the Stevens Institute of Technology, President Morton explained our perception of color in accordance with the generally received modern theories on the subject, which he illustrated by means of many ingenious and striking experiments. The following is the substance of the lecture:

Color, physically considered, is synonymous with wave-length, light being composed of minute undulations or waves, varying in length from the $\frac{1}{35000}$ to the $\frac{1}{60000}$ of an inch, the former being the length of the red, and the latter of the violet wave. These waves strike the eye with a velocity of 185,000 miles per second. Nearly 200,000 miles of them therefore, enter the eye in every second: and every inch of these miles contains between 35,000 and 60,000 little waves. The whole number in a single ray is so enormous that it conveys no impression to our minds. Counting five every second, day and night, it would take about three millions of years to count what the eye receives in a single second. Yet the eye, when perceiving colored objects, not only takes cognizance, in some mysterious way, of these rapid motions, but even distinguishes their rates of velocity. Between the rates of motion of the colors at the extremities of the spectrum, there might be an infinite number of intermediate rates, and hence of intermediate colors and shades. Evidently, however, the eye is incapable of discriminating more than a very limited number. And this brings us to the consideration of the eye itself, and the means by which we perceive color.

It is like a photographic camera, or dark chamber, with its lens in front and a sensitive plate behind; only, instead of being coated with collodion, the sensitive part is a hollow sphere, covered with a delicate network of nerve structure, called the retina, which it is well worth our while to examine a little more in detail,

Fig. 1 shows the layers of the human retina magnified 400 times. There are no less than ten of them, all of which, with the exception of the two terminal ones, are made up of nerve tissue and connective substance. As the figure stands, the

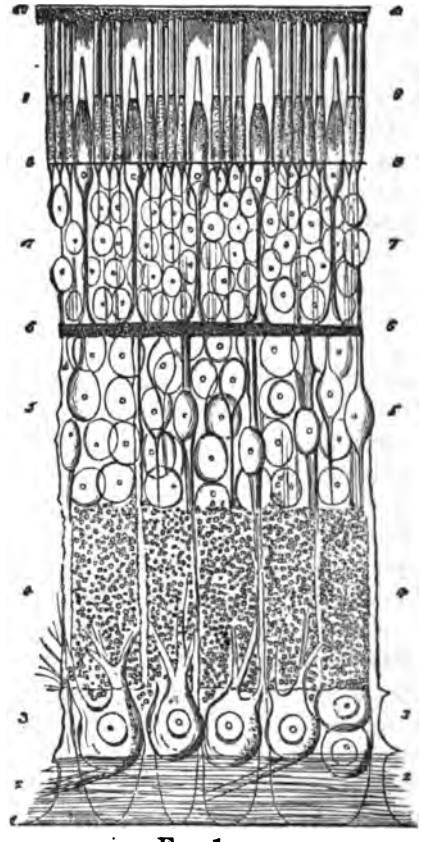
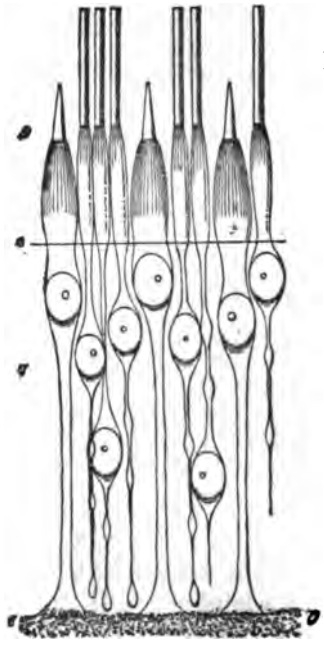


FIG. 1.

light enters from the bottom. The vibrations communicated to the nerve substance finally reach the ninth layer, where experiments, which it would take too long to describe here, have led investigators to believe that the sensation of sight is located. This layer, called the "rods and cones" from the shapes assumed by the optic nerve substance there, is sup-

posed to be tuned to the reception of color vibrations, just as the rods of the auditory nerve are tuned to sound vibrations. Fig. 2 gives a still more enlarged view of the rods and cones, showing their peculiar structure much more plainly. Each of them is in communication with a so-called granule, forming an enlargement which contains a nucleus. In life the granules are entirely transparent. Professor Max Schultze says: "The rods and cones must be considered the nervous terminal organs of the optic nerve; in them must take place the translation of the action of light into nervous action, which process ultimately lies at the foundation of the act of vision."

FIG. 2.



On still further magnifying these curious organs, it will be seen, from Fig. 3, that even they, minute as they are, are divided into still more minute parts. What the functions of these ultimate parts are, we can not tell; although we have reached the extreme end of the optic nerve, and have seen its wonderful complexity, we can only reason that the conversion of light into sight must take place here; but we do not seem to have approached a knowledge of how it is accomplished by a single step. The whole subject lies far out in the *terra incognita* of Science, and it is only intended here to state the problem as it stands at present, and to show through how tangled a jungle the path of knowledge lies in this direction.

Passing now from the anatomical considerations of the subject, we will examine the theoretical view proposed by Thomas Young, and more fully developed by Helmholtz.

According to this theory, the eye perceives originally but three colors or wave lengths, and all the other colors and shades known to us arise from the compounding of the primary ones in the eye. Accordingly, we assume that the eye has three sets of nerves—one affected by red, another by green and a third by violet. In other words, the nerve for red is tuned to vibrate to red waves of light, just as a tuning fork is set in vibration by communicating with a body sounding its note; and so with the other nerves. Each of these nerves, however, is capable of being affected, though in a much inferior degree, by colors belonging to the others.

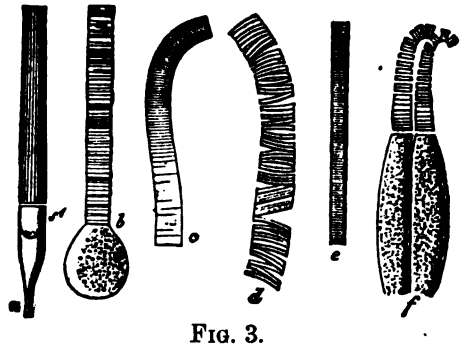


FIG. 3.

Thus the red nerves would be somewhat sensitive to green waves, but would perceive them as a faint red. If, for example, we look at blue light, whose rate of vibration is intermediate between green and violet, it will effect the green and the violet nerves, producing a mixed impression, which we call blue.

Let us try and prove this. If blue is to the eye simply the result of a combined impression of green and violet, then, by exciting both the green and violet nerves by means of the corresponding colors, we ought to get a perfect impression of blue; but if the eye recognizes blue as a distinct thing, then a mixture of green and violet light will give the impression of something not identical with blue.

The following illustration of two disks, one green and the

other violet, thrown on a screen and made to overlay, will show as the result of their combination, a beautiful blue.

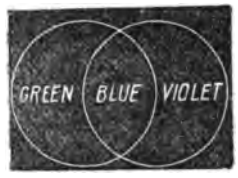


FIG. 4.

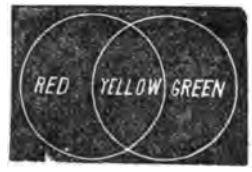


FIG. 5.

Similarly red and green disks of light, thrown on the screen, produce the compound impression we call yellow (Fig. 5.)

It may be asked, however: Is not blue, being an intermediate wave length between green and violet, in fact their true average and equivalent? To show that this is not the

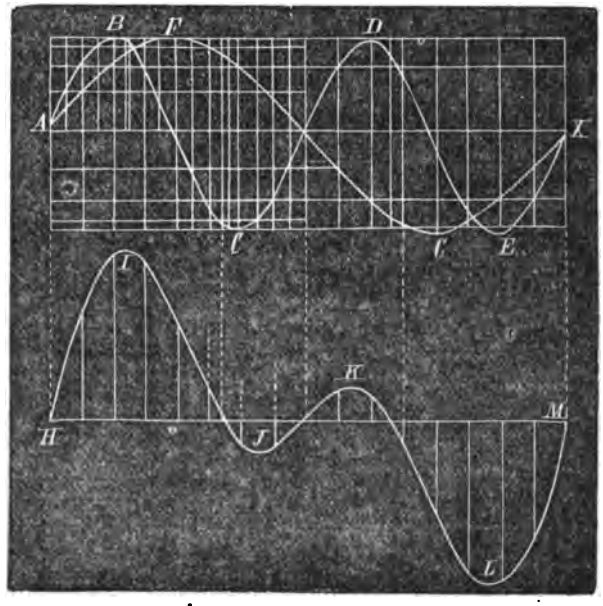


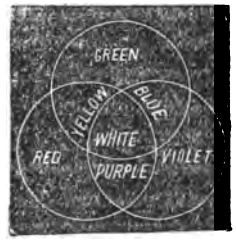
FIG. 6.

proper manner of considering the question, it is only necessary to look at the manner in which waves combine. In the engraving, Fig. 6, we have two waves, one twice as long as

the other, and below them is their resultant, obtained as follows: Both waves, starting at A, pass up in the same direction: their combinid effect is therefore equal to their sum which is represented at the point, I, below; again, at the point, C, the effect of the motion of one curve below the axis, A X, is diminished by the motion of the other above the axis; the resultant point being their difference in hight, and on the same side of the axis as the greater. This point is represented at J. By combining, in like manner, all the corresponding points of the two curves, the resultant curve, given below, will be produced and this curve certainly does not look like the average wave of the two, being, in fact, a very different kind of motion from either of its constituents.

But, to follow out the consequences of Young's theory, although white light, as we know from the prism, is composed of all colors, the eye directly perceives but three of them, Therefore if we take these three colors and present them at once to the eye, the effect ought to be white.

FIG. 7.



Throwing these colors upon the screen as seen in Fig. 7, we have the resulting colors where the disks overlap. When an image is presented quickly to the eye and then withdrawn, the eye retains the impression for a short time after the actual image has ceased to exist on the retina. This is the phenomenon known among physicists by the name of persistence of vision. To illustrate this property, which was soon to be employed in elucidating the theory of colors, a series of dots, moving forward and back like shuttles, is thrown on the screen. As the velocity of the motion is increased, the impression made by each of them, at every part of its course, remains on the retina long enough to allow it to come around again and refresh the memory, thus seeming to describe continuous wreathed light. A very beautiful effect may be produced on the same principle by having a large revolving disk; with globes in different positions with regard to hoops painted upon it, illuminated with

flashes of intermittent light, produced by revolving before the source of light a disk of pasteboard with a number of slits cut radially on it. The large disk will seem to stand still and the balls to roll through the hoops with great rapidity.

FIG. 8.

The principle of the persistence of vision may be applied to obtaining the blending of colors upon the retina, by presenting them in quick succession to the eye. Professor Rood's chromatrope is an instrument for effecting this. It consists of a disk of glass, clear at the center, opaque in the shaded parts and colored green and violet, as indicated by the letters in Fig. 8. On revolving this disk rapidly, there will be an outer zone of green and an inner zone of violet; but between them, where, by its revolution, green and violet are presented successively, the impression of green remains long enough for that of violet to combine with it in the eye and to produce a zone of blue.

The most striking effect may be produced by means of a very ingenious invention of Professor Morton. He calls it the "chameleon top," and its construction is well worth studying. An opaque disk, with W (Fig. 9) for a center, is made to revolve before a lantern by means of the large pulleys, M

and P. It has no axle, but is in friction gearing with the little pulleys, *x x x*. In this opaque disk, there is a transparent one, W R B, composed of segments of white, red and

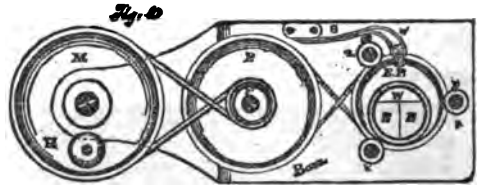


FIG. 9.

blue glass, as shown in the engraving. The transparent disk, mereover, is set in the other one loosely, so that its motion may be suddenly checked by means of an elastic pad, E P, while the large disk is in full revolution. By this means the center is shifted from one to another. Now let us see the result of that. When the instrument is at rest, nothing appears upon the screen, except a very unpromising disk divided into three portions. But the moment it begins to revolve, the colors blend in various ways, forming rings of ever changing hues, which succeed each other like those of the most gorgeous pinwheels of pyrotechnics. Suppose the disk revolves with its center in the white, then the blending of colors in each zone can be studied from the circles of Fig. 10; Fig. 11 represents the effect when the cen-

FIG. 10.

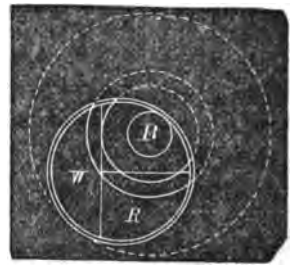
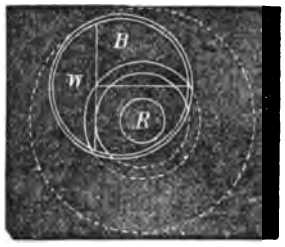


FIG. 11.

ter is changed to blue, and Fig. 12, when it is shifted into the red. The dotted portions of the zones are those seen by persistence of vision. Now, by means of rapidly pressing

the elastic pad against the projecting rim of the transparent disk, there is a constant shifting of centers, and the result is an infinite variety of splendid effects.

FIG. 12.



There is still another way of proving the theory of color. By throwing on the screen the intense light obtained by burning mercury and by burning steel in the electric arch, the eye does not distinguish them; but by passing these lights through a prism, they are proved to contain very different elements. In fact, it would be all the same to the eye, if only the three primary colors existed and no others, for the result would be the same; when combined they would form white light.

Now how do we know that the primary colors are red, green and violet, and not red, yellow and blue, as we were taught years ago, and as Sir David Brewster maintained? An experiment will answer this question. If red, yellow and blue are the primary colors, then green must be a mixture of yellow and blue. According to Young's theory, however, yellow and blue are equivalent to white; because by them we excite all the nerves, yellow being equal to red and green and blue being equal to green and violet. If Brewster is right, blue and yellow light will make green; if Young is right, they will make white. The lecturer then threw the two colors from two lanterns on the screen by means of colored glasses. The result was white. The same result was obtained with the chromatrope.

How does it come then, that blue and yellow paints mixed produce green, as every child knows?

The color of paints is due to the light passing through them to the paper and reflected from the paper under them. Now, white light passing through blue paint is robbed of every color except blue, green and violet; passing through yellow paint, it is robbed of all but yellow, red, orange and green, Green, therefore, is evidently the only color that both are

agreed in transmitting through them. The same effect is produced by taking the very glasses, blue and yellow, whose combination just produced white, and allowing the same white light to pass through both, instead of having separate sources of light. The result is green, because the combined glasses cut off every other color.

There is another property of the eye with regard to the perception of color, which must not be overlooked. Like all other organs of the body, the eye is easily fatigued. If we look at red light for a long time, the nerves vibrating with it become so tired that they cease to act; if now the red is suddenly withdrawn and white substituted, the other two sets of nerves, namely, the green and violet, either act alone or are but faintly seconded by the red; and the consequence is we do not see white at all, but a shade of green.

In conclusion, we do not wish to convey a false impression when speaking of certain imperfections of the eye. "Helmholtz, one of the most eminent physicists of the day, has used an expression with reference to the subject, which, when quoted alone, without the general spirit of the context, might convey the idea that he considers the eye as a bungling piece of workmanship unworthy of any skillful optician. Any candid reader who peruses the whole article will find that this is as far from the meaning of the author as it is from the fact, Discrimination between wave lengths is not only not the true office of the eye, but would be quite inconsistent with its varied and indispensable functions as an organ of vision. It is perfectly true that the eye, as a spectroscope, is a very poor instrument; but who, when gazing at the glories of a crimson sunset, at the beauties of a variegated landscape or the blended roses and lillies of a pretty face, would exchange his eyes for a pair of the finest spectroscopes that ever left the shop of the most skillful physicist." C. F. K.

Materia Medica.

Drug Action of Opium. Part Second. By Wm. Owens, M. D.

Headland says that "after paralysis of the nerves locallyl the *Opium* is then absorbed and carried into the general circulation, and then still further paralyses and depresses the nervous system, whenever it comes in contact with it, and these its effects are produced upon the nerves directly and not through the intervention of any fluid except as a vehicle for its conveyance." We find among its earliest symptoms that it prominently disturbs the secretions, excretions, respiration and circulation through its influence over the nerves of organic life, and we therefore infer that this is its principal sphere of primary and direct action upon the system. Upon the skin, it yields anæsthesia, dryness, heat, burning, itching stinging; pale blue color, cold, clammy and collapsed condition from depression of the organic nerves. All of its secondary effects seem to be true neurosis from perverted nutrition and disturbed nerve influence, which are not unfrequently followed by paraplegia or hemiplegia, and which it is said mostly affects the left side of the body. The following symptoms are regarded as secondary: delirium, nausea, attempts at vomiting on waking, with jerks and starts as if frightened; great nervousness; fear, clouded mind and intoxicated feeling. Its primary effects upon the eyes seem to be contraction of the pupil with insensibility; glazed or glassy, wild staring look; with protruded eyeballs as if frightened. Its secondary effects here seem to be a dreamy, drowsy, sleepy state, with dilated insensible pupils. When the period of exhaustion approaches, we have in *Opium* the bloated, dark red appearance of the face, also, with distended capillaries, often caus-

ing rupture and hæmorrhage from the bronchial mucous membrane and other delicate surfaces. This exhaustion also gives rise to the oppressed respiration, hanging of the lower jaw; dropping upper lip and eyelids.

The loss of appetite may arise from two causes, 1st, from the power of *Opium* over the gustatory nerve (a branch of the 5th pair) or 2d, by its power to disturb and arrest the secretion of the mucous membrane. It is undoubtedly by the latter influence that it disturbs the processes of digestion. The nausea, retching and vomiting, induced by *Opium*, is believed to result from irritation of the pneumogastric from congestion of the meninges about the base of the brain. It is admitted that *Opium* has no power to induce either chemical or vital changes in the blood, nor in the neurine substance, and therefore its poisoning process has been a much vexed question, whether through the plasma of the blood or through its disks. In the former case the power of absorption or assimilation would be interfered with and in the latter imperfect decarbonisation and elimination must be regarded as the cause. The truth probably lies between the two, or more probably embraces both. The arrest of the functions of the lungs, skin, kidney, liver and intestines of necessity, delays or arrests the process of elimination of effete material, thus affecting the blood disks. These materials retained within the blood embarrass the circulation and tend to produce a stasis, reduced cellular activity and diminished metamorphic change.

The plasma of the blood being already charged with material which can not be disposed of, must refuse to assimilate more until the functions of secretion, excretion and respiration are re-established, or the organic nerves overburdened by these accumulations yield to dissolution and death by paralysis.

The abdominal pains induced by *Opium* are of a tight constricting character, acting upon the circular muscular fibers of the intestine through the moror nerves. This with the dryness induced through its influence over the nerves which supply the mucous membrane combines to establish a most obsti nate form of constipation. Where this irritation has been long

continued, exhaustion and paralysis of these nerves takes place and a most obstinate and intractable relaxation (diarrhœa) follows. When under the former condition an alvine discharge takes place it is nothing but hard, black balls, while under the latter, the discharges, are papescent, watery, dark or black, liquid, frothy fetid, and involuntary from paralysis of the nerves of the sphincter. Or we may have violent tenesmus from relaxation of the sphincter and protrusion of the bowel.

Upon the urinary organs suppression from constriction of the circular fibers of the neck, followed by eneuresis, relaxation or paralysis of the nerves of this muscle. Upon the genital organs, the effect seems to be opposed to that of *Belladon.*, which gives us nocturnal emissions with relaxed penis, while *Opium* gives us violent erections, emissions, great nervous exhaustion and impotence. In its dynamised state, *Opium* is the truly homœopathic drug to the following state: Great physical exhaustion and mental depression; soporific conditions following fright or attending exhausting disease; with cold, clammy skin, feeble, irregular pulse, incipient paralysis of the brain. This drug in its middle or higher potencies, will stimulate the organic nerve centers and energise the functions of life, and establish a much more satisfactory condition, and it is here that its powers will be most clearly and satisfactorily demonstrated.

We are told by high authority that the condition of the pulse is no criterion for the administration of *Opium*, I think it will appear otherwise upon a close study of the drug symptoms, and that these authors are probably mistaken.

The full, hard and regular pulse and other conditions allied to this, will be found to correspond to the primary action of the drug, while the soft, irregular, easily compressible and empty pulse will correspond to great nervous exhaustion and are its secondary effects, and will be found to coincide with the larger or smaller dose of the drug, or the greater or less susceptibility of the patient.

Locally applied to polypus, it causes the arrest of the proliferating tissue paralyzing the nerves which supply its vas-

cular structure when gangrene and disorganization take place.

In many respects it is the analogue of alcohol and seems to effect both the organic and cerebro-spinal nervous system in a similar manner, by imitating the nerve centers, causing increased excitement of the circulation, more especially within the cerebral vessels, until the most intense erethistic disturbance of the sensorium has become established, attended with the most violent delirium, which not unfrequently terminates in exhaustion, paralysis or in death. This condition, if frequently induced or long continued, will eventually cause the most vigorous constitution or brilliant intellect to succumb.

Solanum Berries not Poisonous. By E. M. Hale, M. D.

A few days ago I received some of the ripe berries of the Solanum (black night-shade,) from Mr. Wilder, who states that he had eaten them made into pies. I ventured to test them, and to-day my family and myself have eaten a pie made from the berries, without unpleasant results. One could hardly distinguish it from a whortleberry pie, the taste is so similar.

I am glad to be able to settle this vexed question as to their poisonous character when cooked and ripe. It remains to be settled whether the green and uncooked berries are equally harmless.

Medical literature abounds in alleged cases of poisoning by these berries, the victims generally children. But Dr. Dulong, of Montpelier, several years ago, denied their alleged poisonous qualities, but does not say how he knows. I imagine that in the cases of poisoning, the berries of the *Atropa Belladonna* were eaten, This poisonous plant is called by

the same name as the Solanum—namely: Black night-shade; deadly nightshade; ground cherry, etc. But it is an undisputed fact that the *Belladonna* berries contain a virulent poison. The close similarity of the two, however, make them easily confounded. In order to show the differences and similarities of the two, I give you their characteristics in two columns:

BELLADONNA.	SOLANUM.
Root, thick and fleshy,	*Root*, small, fibrous.
Stem, erect, hairy, round, 3 to 4 ft. high	*Stem*, branching, reclining, smooth, 1 or 2 ft. high.
Branches, purple, hairy.	*Branches*, green, smooth.
Leaves, ovate, entire.	*Leaves*, ovate, toothed and always full
Flowers, solitary, with dark, *purple* corolla; and bell-shaped.	of small holes eat in by insects.
Berries, violetblack, *furrowed* transversely.	*Flowers*, in umbels (clusters) white or pale violet carolina.
	Berries, black, round not furrowed.

There is an American variety of the Solanum *virginianum*, with prickly stems, leaves pinnatified, and blue flowers. The berries are like those of the S. nigrum, but I know nothing of their effects.

There is another berry, which belongs to the same family, the *Physalis*, or Ground Cherry. It has a yellow berry, and is eaten cooked and uncooked with impunity.

I have used a tincture of the leaves of the Black nightshade as a medicine for many years. It has medicinal and curative effects very closely allied to *Belladonna*. From what we now know, the berries of the S. nigrum should not be used to make a tincture, but the leaves alone.

I think the leaves of all the *Solanaceæ* are poisonous. Even the leaves of the common potato possess narcotic properties, and also the fruit or balls which contain the seeds.

The berries of the Bittersweet, (S. dulcamara) are not poisonous, I have eaten many of them. But the leaves and small twigs are narcotic and contain *Solanin*, a powerful poison.

Miscellaneous.

The Curiosities of the Coroner's Office. By the Editor of the Cincinnati Daily Enquirer.

From April 1, 1873, until the 1st of the present month the Coroner has held 793 inquests, of which 27 have been homicides, 98 suicides, 7 infanticides, 4 cases of infantile suffocation (3 of which were the work of drunken parents,) and 8 abortions.

The following synopsis of common cases during the three years of Coroner Maley's term in office will give the reader a fair idea of the classes of subjects that Coroner's juries are called upon to tackle:

What Coroner's subjects die of. Drowning, 49; concussion of the brain, 5; intemperance and neglect, 8; intemperance, 25; falling through hatch ways, 4; falling off of gravel train, 1; falling down stairs, 7; exposure, 1; falling from a derrick, 1; falling through a sky light, 1; injuries by falls, 22; falling from houses, 14; want of medical attention, 5; falling from scaffolds, 4; crushed by falling derricks, 3; caving in of bank, 5; falling of a wall, 1; crushed by elevator, 7; injuries received from persons unknown, 1; heart disease, 87; crushed by falling lumber, 2; burned to death, 3; run over by wagons, 12; apoplexy, 24; run over by street cars, 7; by being struck on the head, 13; cerebro-spinal meningitis, 2; overdose of the fluid extract of gelseminum, 1; thrown in privy vault, 5; still-born, 1; circular saw, 1; epilepsy, 6; consumption, 12; convulsions, 18; cholera morbus, 5; cause unknown, 19; sun stroke, 15; cholera, 3; miscarriage, 5; chloroform, 4; overdose of morphine, 7; explosion of an emery wheel, 1; child-birth, 1; overdose of laudanum, 4; inflammation of the stomach, 2; natural causes, 5; suffocation by gas, 1; conges-

tion of the brain, 4; congestive chills, 1; asthma, 5; kick of a horse, 1; spasms, 2; old age, 4: compression of the lungs, 1; congestion of the lungs, 2; overdose of bromide of chloral, 1; inanition, 1; scalds, 3; explosion of coal-oil, 1; accidental injuries, 26; inflammation of the bladder, 1; suffocation by the caving of a bank, 1; scarlet fever, 1; acute peritonitis, 2; alcoholic poison, 1; pneumonai, 1; syphilis, 1; suffocation in a privy vault, 2; congestion of the bowels, 1; overdose of hydrate of chloral, 1; strangulation, 1; cholera infantum, 1; suffocation, 1; rupture of blood-vessel, 1; neuralgia of the heart, 1; inflammation of the lungs, 1; inflammation of the brain, 1; accidentally smothered, 1; hæmorrhage of the lungs, 16.

Among the curiosities upon which inquests have been held were four fœtuses and a piece of a human skull found in an ash barrel.

The means used by these victims of self-destruction to make way with themselves will repay perusal: Twenty-six perished by pistol-shot wounds, twenty-four by drowning, twenty-three by hanging, nine by various poisons not classified, three by cutting their throats, two by knife wounds, two by the use of laudanum, two by jumping from the Suspension Bridge, one by drinking tincture opii, one by using arsenic, one by a gun shot wound, one by stabbing himself with a pair of shears, one by jumping from a window, one by swallowing Paris green and one by swallowing rats-bane.

Of the fifteen female suicides ten drowned themselves, two hanged themselves, one swallowed poison, one dosed herself with arsenic and one cut her throat.

In the cases of the male suicides it is to be remarked that the Germans used the most violent means for exterminating themselves, as also the Irish in several cases. The Americans preferred drowning, which is a popular idea, as the stories of persons who have been rescued from such a fate have filled the minds of others contemplating suicide with the idea that after the first plunge came Elysium.

SPRING AND SUMMER GRADUATING COURSE AT PULTE MEDICAL COLLEGE.—*Dear Sir:* The Faculty have just issued

a neat announcement of the above course. (It will be found in our present number.) Several medical colleges in this city have successfully carried on spring courses of lectures and there seems no reason why this may not be done by the Pulte Medical College as well. Besides this, numerous applications have been each year sent the faculty for admission to such a course, and to gratify their patrons and furnish students a desirable opportunity to carry on their medical studies, the course will be opened on the 15th of February. The course will be complete in every respect and lady students will be admitted.

Commencement exercises of the present term will take place in College Hall on the evening of February 3d. A cordial invitation is extended to all our friends to be present.

J. D. BUCK, Registrar.

Dear Doctor: The picture of Hippocrates came duly to hand and I will have it framed and hung in my office as an evidence that doctors do not always work for money. But just beside it I will place my office sign "Office Prescriptions Cash." It is painted in letters of gold and when any one asks me why Hippocrates refused the gold offered him I will say, it was done in order that painters in all time to come might have enough of this precious material to make these reminders of the fact that the laborer is worthy of his hire.

F. L. DAVIS, Evansville, Ind.

The French peasant treats a bad cold by putting a tallow candle in a quart of red wine and boiling it till the tallow melts; then the unhappy patient has to swallow the mixture. For intermittent fever he beats up eggs with soot from the chimney. To cure the measles, he gives hot wine, with pepper aud honey. They don't believe in doctors, these peasants, and rarely send for one; but they will send miles for some ignorant old woman, for a special prayer which can ward off, like a charm, each kind of evil; and those who are supposed to know these prayers are in great request. One man insisted that his wife should swallow some of those mustard plasters which come ready prepared; for didn't he know the use of mustard and wasn't it made to be eaten?

REVIEW OF PHYSIOLOGY.

By PROF. J. D. BUCK, M. D.

Pulte Medical College, Session 1875—76.

1. Give some of the characteristics of Matter; of Force.
2. Define Law.
3. Define Science.
4. Define Growth.
5. Define Development.
6. Define Differentiation.
7. Define Atom, Particle and Molecule
8. Define living Protoplasm.
9. Define a Cell.
10. Define an organism.
11. Give the most simple classification of tissue.
12. How do cells multiply?
13. What forces or functions reside in cells?
14. What conditions are essential to vital and functional action?
15. Give the limit of constructive chemistry of plants and animals.
16. Classify food according to its use.
17. Classify food by its proximate principles.
18. Define Digestion.
19. Give the several divisions of the digestive, tract or alimentary canal.
20. Give the glands of the mouth.
21. What is Salvia; its office, re-action and organic element?
22. What is taste and how induced?
23. How is swallowing performed?
24. Give the structure and action of the stomach in relation to digestion. The re-action of its fluid organic element, &c., &c.
25. Describe the structure of the duodenum and the phenomena present in it.
26. Give the relations of the small intestines to digestion, glands, fluids, reaction, &c., &c.
27. Define Absorption.
28. Through what mechanism does it take place? Where begin, &c?
29. Define Osmosis.
30. Describe a Villus and give its relation to absorption.
31. Define Chyme, Chyle, Lymph and Serum.
32. How do the recent products of digestion reach the circulation?
33. What takes place in the messenteric glands?
34. Describe the lymphatic system of tubes.
35. Give the causes which produce movement in lymphatic tubes.
36. Upon what does Circulation primarily depend.
37. How many motions has the heart?
38. What are they and how caused?
39. Sounds of heart and their cause.
40. Give the force and action of heart in producing circulation.
41. Give the action of arteries in producing circulation.
42. Give the manner of contraction of different portions of heart.
43. Give the Systemic Circulation.
44. " Portal "
45. " Pulmonic "
46. " Malpighian "
47. What is the pulse and how produced?
48. What produces flow in veins and capillaries?
49. Define Respiration.
50. What forces produce respiration?
51. Give the ultimate structure of the lungs.
52. Give the structure, composition and officeof the blood.
53. What effect is produced when an

irrespirable gas is breathed?

54. Average daily amount of air inhaled.

55. What per cent. of this is oxygen?

56. Does combustion occur in the lungs?

57. How is the temperature of the air which enters the lungs regulated?

58. What is the average quantity of blood passing through the lungs per minute?

59. How long may respiration cease, without death?

60. Is respiration a voluntary act?

61. How is the temperature of the body maintained and regulated?

62. Give the proportion of water in the body, and its office or uses.

63. Define secretion and excretion.

64. What are the agents of secretion?

65. How do secretions arise?

66. Describe the Liver, giving its vessels and their relation to each other.

67. State the source, nature, re-action, function and final destination of the bile.

68. Give the office of the liver.

69. What is the daily amount of bile secreted, and when does the secretion reach its maximum?

70. Describe the kidneys and their action.

71. What is the source of urea, and how and where is it produced?

72. Give the relation of the kidneys to the lungs and skin.

73. Give the structure and functions of the skin.

74. Give the use of fat in the system, and the manner of its digestion.

75. What is nutrition, and upon what does it depend?

76. What distinguishes the animal from the vegetable kingdom?

77. Classify nerve substances. } Office
78. Classify nerve tissue. } of
79. Classify nervous systems. } each.

80. How is the spinal nerve brought into relation with the sympathetic?

81. Describe the sympathetic system of nerves and give its office.

82. What condition of structure accompanies correlation of nerve force?

83. Describe the cerebro-spinal system, and give its office.

84. Describe reflex action.

85. What are the two conditions of nervous activity?

86. How many and what classes of nervous depressions?

87. In what animals is the greatest development of cerebellum formed?

88. In what the greatest development of cerebrum?

89. Give the office of cerebrum and cerebellum.

90. Give the ganglia of the encephalon.

81. Office of pons varolii.

92. Office of medulla oblongata.

93. Office of corpora striata.

94. Office of optic thalami.

95. Office of tubercula quadrigemini.

96. Upon what does mental manifestation depend, so far as structure is concerned?

97. Give the ratio of growth of brain at different ages.

98. What proportion is water?

99. Give the average weight of brain for male and female.

100. Give the maximum and minimum weight.

101. Give the relative weight of brain to body at birth and in adults.

102. What effect is produced by injury to cerebrum?

103. What by injury to cerebellum?

104. What prevents the rush of blood in the arteries from injuring the delicate structure of the brain?

105. What effect is produced on the brain by compressing the veins of the neck?

106. Define concussion, compression and congestion of the brain, with the phenomena in each.

107. What effect does alcohol have on the brain and which portion is first affected?

108. What is meant by double consciousness? Illustrate it.

109. What portions of the brain are at rest during deep sleep and what active?

110. In dreams, what parts in action and what asleep?

111. How do animals of the higher order multiply?

112. What is gestation?

113. What is essential to conception?

114. Describe the different stages of nutrition during gestation.

115. Define Graafian vesicle, germinal spot, proligerous-disc, corpus-luteum, decidua membrana, decidua reflex.

116. Upon what general conditions does gestation depend?

117. What determines the result of gestation?

What a Layman thinks of "Regular" Practice. By the Editor of Cincinnati Daily Gazette.

An interesting medical case was related at the Cincinnati Academy of Medicine, as reported in the Clinic, from which we extract:

Dr. Whittaker stated that about two weeks ago he was called to attend a young married lady suffering from nausea and vomiting. He found her with a high fever, temperature 104°. She was menstruating profusely. When he arrived her vomiting had subsided, but she complained of intense pain in the back, which she located in the region of the sacrum and coccyx. A local application of ether and chloroform relieved it, and it did not again return. On inquiry, he found that she had been vaccinated in childhood, a distinct cicatrix being still visible, and again, but unsuccessfully, four years ago. The next day her temperature was 105½. For two days she remained in about the same condition, her fever varying somewhat. As her vomiting had not returned, there had been no recurrence of the pain in the back, and the time for the appearance of a small-pox eruption had passed, diarrhœa and abdominal timidity having, in the mean time, set in, he was inclined to suspect that he had to deal with a case of typhoid fever with an anomalous temperature. On the next day he was summoned in haste, and found her with intense laryngeal dyspnœa amounting to orthopnœa.

But the case proved to be more anomalous than this temperature for typhoid fever. The hard words above mean difficulty of breathing, increased by lying down.

Suffocation seemed imminent, and, thinking operative interference might possibly be necessary, he called Dr. Conner to his assistance.

The "operative interference" contemplated was to cut open the wind pipe. But previously they tried to relieve the apparent congestion of the throat by bleeding it.

They resolved, before undertaking anything more, to scarify the glottis freely. This gave her almost immediate relief, which lasted for an hour or two, when the dyspnœa again came on.

Another doctor was called in.

At the suggestion of Dr. Graham, who was also called in consultation, an emetic was administered, which resulted in the expulsion of a large amount of coagulated fibrin, and she was again relieved.

Thus the emetic threw up the coagulated blood which had gathered from the scarified glottis and thereby relieved her from the previous relief.

The next morning the patient was in a state of complete prostration; her temperature had fallen to 100½° An hour after he saw her, while endeavoring to rise from her bed, she tell back and expired almost immediately.

After only five days of this scientific course!

On post-mortem examination, a number of petechial spots, about the size of a pin's head, were found upon the surface of the limbs and abdomen.

That is to say, proof was found that it was a case of small-pox. But there can be no reflection on the treatment; for Dr. W., said that this kind is inevitably fatal:

Curchmann, in Ziemssen's Cyclopædia, has particularly described this form of variola. The eruption never appears as papules; there is no elevation above the surface; it does not usually appear before the fifth day; the cases are inevitably fatal, death, as a rule, occurring on the fifth to the seventh day. In the speaker's case death took place on the fifth day. He thought the eruption must have appeared late, as he had not discovered the spots until the body was stripped for the post-mortem examination.

Dr. Longworth, who was called in to make the post-mortem, described external and internal symptoms of small-pox in terms so learned as to add new terrors to this disease and the treatment. And he threw this calcium light on the case:

A case of this disease belongs to the greatest rarities. It is found to occur more frequently in some epidemics than in others. The cases generally appear at the height of the epidemic. It is sometimes a difficult matter to diagnosticate this affection before petechiae appear.

Dr. Conner said: "The post-mortem appearance of the parts satisfied him that had an operation been made it would have been futile." That is to say, as it turned out to be a case of small-pox, cutting the windpipe would not have saved it.

Dr. Muscroft, not to be outdone, had had a case of this kind which proved fatal. He did not state whether he treated it surgically or medically.

Then Dr. Whittaker went at the heart of the mystery, namely, how the woman came to die. To the lay mind it seems clear enough, but it will be glad to have it stated in scientific terms:

Dr. Whittaker remarked that the point of perhaps the greatest interest was the cause of the sudden death of his patient. He had expected to find a blood clot, but the blood was found fluid in all parts of the body as it generally is in these cases of acute infectious diseases. Notwithstanding the contracted condition of the heart, he was of the opinion that death resulted from cardiae paralysis, in which opinion he said he was confirmed by the observations of Desnos, who states that "paralysis of the heart from myocarditis is one of the principal causes of sudden death in variola."

That a doctor takes an interest in the cause of the death of his patient proves that the pursuit of science has not blunted a sympathetic nature.

There should have been a blood clot, but the blood remained obstinately fluid in spite of the treatment.

Notwithstanding there was no sign of it, he was of the opinion that death resulted from cardiac paralysis or paralysis of the heart, that is to

say, that the death resulted from the cessation of the action of the heart. This conclusion is supported by the common saying that the subject died for want of breath, or in medical phrase, from pulmonary paralysis. And this is confirmed by Desnos, "who states that paralysis of the heart from myocarditis is one of the principal causes of sudden death in variola." True, there was no myocarditis—inflammation of the heart—in this case, but as that was not Dr. Whittaker's fault, his conclusion is confirmed by Desnos all the same.

The medical scientist, when his diagnosis fails to elucidate, is wont to administer that which will create a disease which he can treat intelligently. In this case the necessary recourse would seem to be to throw the patient into fits. Then any physician who is "death on fits" would have a clear course.

This case also elicited interesting remarks on the proof and virtue of vaccination. Thus Dr. Whittaker:

The speaker said he considered the presence of a cicatrix as no evidence of protection from small-pox, but as a mere evidence of some previous trauma.

What he means is that the cicatrix may be a scar from another wound, made in the vaccinating place by a perverse coincidence.

Dr. Reamy said that in his experience revaccinations have this year been unusually successful. Fully 90 per cent have succeeded.

This shows that Dr. Reamy is a revaccinator of extra power, and that it is necessary to be revaccinated about once in every nine days, which would be good for the trade.

Dr. Isham said that a year or more ago he was appointed to vaccinate the children in one of our public schools. He was instructed to pass those who presented marks of previous vaccinations. Some, however, desired to be repeated and of this class fully 33 per cent succeeded. This, too, was in young children, the majority of whom had been vaccinated within two or three years.

This was last year. Dr. Isham did not compete with Dr. Reamy in successful revaccinations this year. None hold a candle to him.

Dr. Conner had also observed the unusual success of revaccinations this winter.

But the subsequent remarks, which discredited the cicatrix as evidence of vaccination, seemed to discredit Dr. Reamy's unrivalled success as a revaccinator.

Dr. Longworth said the question had been brought up whether, from the cicatrices, we could diagnose the diseases which had produced them. Some other affections leave pits with pin hole depressions looking very much like those of variola. Among these are some of the syphilitic cutaneous diseases. * * Any diseased process of the skin extend-

ing to a certain depth and healing without granulation will have this peculiar character.

All of which is incontrovertible, and gives us to believe that syphilitic and other cutaneous diseases may leave on the whole body one sole cicatrix in the spot where vaccination is usually made.

Dr. Conner had met with cicatrices of small burns adjoining those of vaccination, in which the line of demarkation could not easily be made out.

Dr. Muscroft did not attach much importance to tbe appearance of the scar. As stated by the previous speakers, burns, varicella, etc., would often leave cicatrices resembling very much those of vaccinia.

The natural perversity of these wounds and skin diseases will lead them to make their mark at the vaccinating spot, and nowhere else, so as to deceive doctors and make revaccination at a dollar a head the only safety. What, with the discrediting of the sign of vaccination and Dr. Reamy's surprising experience, that it protects but one in ten, vaccination seems to be made an exercise chiefly for the benefit of doctors.

There could be no dispute that the woman whose case elicited so much medical knowledge, was profitably expended by the doctors, even if we had not the assurance by Dr. Whittaker, supported by Desnos, that she died because her heart ceased to beat.

There is in an English medical book the form of a physician's bill which was once rendered, which is suggested as appropriate to this case, it would be like this:

Mr. A. B.——

To Doctors Whittaker, Conner and Graham, Dr.:

To doctoring your wife till she died.....$——

Specialism and General Medicine. By the Editor of the Medical Record.

To such as are determined to be specialists, we would say in the first place, do not be in any hurry. To be a good specialist requires a great deal of time, study and patience. When one has earned such a reputation and by such means,

he is certainly to be envied. We have always held that no one could be a successful specialist unless he had first been a successful general practitioner; that a special and thorough knowledge of the diseases of any one organ was as natural an outgrowth of general knowledge of medicine as was the branch from the parent trunk. This is a point which younger men are very apt to lose sight of in their eagerness for what they believe to be professional success. If every one would fully appreciate the importance of thus developing a specialty, we should be able to draw the distinction between mere ambition and real merit, to learn the difference between the mushroom upstart and the plant of slower and steadier maturity. The truism that all good things come slowly, is particularly applicable to the growth of a specialty.

Even when we take all these conditions into account, and make every endeavor to fulfil them, it may be well to inquire if we are not in danger of crowding the ranks of specialism. Considering the great number of those who have already entered the lists, there is a pertinency in the question which should not be lost sight of. The specialists themselves have been ready to acknowledge this long ago, but we consider that the time has come for the raw recruits to view the situation with calm consideration. Every organ is now so well attended, that it is almost next to impossible to find room for new-comers. It would seem to be necessary to start some new specialty, to settle upon some of the more obscure organs, and subject them to the penalty of greatness. We have no doubt that this emergency will be properly met in time. We have always been in favor of the study of specialties, when that study was properly carried out; but there is no necessity of drifting into one-ideaism on the subject. We should not forget that general medicine has its claims also, that to be a general practitioner, pure and simple, should also be the object of our high ambition.

By properly allowing the claims of this class of professional men, we take another very legitimate means of tempering the fashionable excitement for specialism which has taken so much possession of the professional mind. There is more

danger at present of having too many specialists than too many good general practitioners. We ask our younger brethren to consider this fact. General practice offers to-day as many inducements for the thorough student as any of the specialties. Even in a pecuniary point of view it will, in the long run, compare favorably with the best of them. The majority of physicians who have accumulated a competency have done it in general practice alone. The relation which the general practitioner holds to the community is an enviable one in every sense, his influence is widespread and his services are a necessity to all. His position is a thoroughly independent one, being always sure of employment, whether in a crowded city or in a remote rural district.

If the young man desires to be a specialist, he should of necessity prepare himself for that office by general practice, and if he succeeds in that, as indeed he must if he be a faithful worker, he will be given services which will always be in demand, and for which he will always be well remunerated. If at the present time many of the young men who are about going abroad to study a specialty, would accept this fact, both themselves and the community at large would be the gainers thereby. There is always a need for a general practitioner, and the young man who resolves to qualify himself for the duties of that office can consider his success certain, and his ultimate competency assured. Common sense is, after all, the best specialty in medicine, as it comprises a wider range of subjects than any other, and is a field which, on account of the neglect of general practice, needs a great deal of cultivation. If we wished to assure the success of the greatest number of our young men looking around for opportunities, we believe we could give them no more wholesome advice than to be general practitioners.

General Clinics.

VIRUS *vs.* VIRUS.—Mr. B. was vaccinated with the humanized and with the cow-pox virus. The vaccinations were both on the left arm and not more than one inch apart.

The humanized virus was well under way on the fourth day and ran a natural course.

On the eighteenth day, the cow-pox began to take and then took well.

During the action of the humanized virus, the cow-pox showed no sign of working, but in the end left the better cicatrix of the two.

No other case of this kind has come under my observation. Mr. B., an intelligent gentleman, thinks it impossible for the second vaccination to have taken from the first.

E. C. B.

CASE ILLUSTRATING THE EFFECT OF ELECTRICITY IN THE HEALING OF WOUNDS.—Mrs. B., age 54, of an exceedingly nervous temperament, presented herself with a fatty tumor on left shoulder, large enough to cover the whole scapular region; one lobe extending under the axilla which, by pressure on the vessels and nerves, interfered with the nutrition and functions of left arm. Removed the whole tumor by knife, through an incision three inches in length, partially closing the wound by two stitches. Patient complained next day of headache; great soreness of the shoulder and intense pain from the nape of the neck to the hand; somewhat feverish. Applied electricity, Faradic current, positive in in the hand, shifting the negative from occiput to seat of wound. After an application of twenty minutes, pain and soreness were all gone. Repeated the application for fifteen minutes at a time each day, until the end of two weeks, at which time the wound was entirely healed by granulation and the shoulder as healthy and sound as the other. After

the first treatment, the patient felt no inconvenience, soreness or pain, except whilst the wound was pressed upon or otherwise irritated; and readily used the arm to perform toilette, etc.

Will you, judging from your own experience, be kind enough to inform me, whether or not, resolution was hastened by the application of electricity? F. S ADAMS.

1. Mrs. J. F., age 44, widow, a chronic sufferer from uterine disease. Jan. 10, 9 a. m., "was unwell and it had suddenly stopped;" previously regular; had a chronic leucorrhœa, the menses had gradually grown lighter in color and less in quantity; said she had been out in cold wind and got chilled; severe pains in pelvic region. Gave *Acon.* 2, in pellets, each hour. At 2 p. m. called to see how she did, found her suffering intensely; as she described it, a burning, sticking pain under pubes and low in rectum; sticking pains in hips and hip joints; a distressing backache; sharp pains running down to knee caps and pains running up to head and headache; was unable to tell where she suffered most. Had vomited several times since 9 o'clock, throwing up an undigested mass and had three or four watery stools, with tenesmus, urine increased; very sensitive to pressure in hypogastrium. Had examined herself by touch (being familiar with her own person) and described her womb as protruded down toward the rectum as long as her finger; enlarged, very tender to touch and hard as a gristle;" complained of feeling cold from head to feet. Pulse full, quick, compressible; skin dry and warm; when I requested her to turn from her back to side, she complained of severe pain caused by her womb moving. I diagnosed metritis and attributed the dysmenorrhœa to that cause. Treatment: As the quickest method to subdue the pain, I manipulated with my hands the pelvic region, placing my left or negative hand at the symphisis pubis, the external point of greatest pain, and rubbed or patted, (pounded, my patients say) the other aching points at hip joints, back, hypogastrium, etc., with my right or positive hand. As one ache after another ceased I carried my right hand

down to knees and afterwards along spine to head; thus equalizing the nervous circulation. In ten minutes perspiration appeared at various points and she declared herself better, remarking that I was better than a stove. Not having medicine with me, I returned to the office, differentiated between *Crocus* and *Sabina* (indicated by a moving sensation in pelvis) selected *Sabina* 3, because of severity and totality of symptoms, administered it in water, two teaspoonfuls, and directed that if her pains had not all ceased in an hour she should repeat the dose, which she did, which dose was immediately followed by a flow of "an offensive black, clotted blood and cessation of the pains." She took no more medicine until I called at 10 a. m. next day, found her sitting by the stove entertaining company, said "her womb had returned to its place and was soft," complained of flying rheumatic pains. I directed the continued use of *Sabina*, a teaspoonful every three or four hours and requested her to remain in her room. The next morning she went to her kitchen to see about her cuisine and the next day went out calling in her usual health.

The manipulating I often employ in cases of severe pain of any part with the uniform result of speedy relief. Think either method alone could have cured my patient, but more speedily and permanently, combined.

1. Dr. ——— is of the allopathic persuasion, is a member of the hospital board, where in the amphitheater, he instructs the coming doctors how to treat varix and "old sore legs" of which class of patients he made the notable remark, "that he always had plenty of specimens because none of them ever died or got well." The doctor suffers from a chronic chill or intermittent dating, I think back to his service in the army and which he says "he can't cure;" also with a chronic rheumatism with a like inability. Recently he was seized with a paroxysm of the rheumatism which prostrated him with severe pains in lumbar region, running down thighs and legs to feet, and a severe aching in top of feet. The doctor said he never had used a hypoderm on a patient, but his suf-

ferings were so great he thought to try it on himself, so he loaded it with morphia and plunged it down among the muscles with only partial relief. Five hours afterwards he gave himself a second dose (after evacuating excrementia) giving it a "determined prod." this put him to sleep for (12 hours I think) a long time. When he awoke he arose to stool, but found he could not use his legs; that the flexors were partially paralyzed and that he could not pass exerementia; from which cause his sufferings were soon increased; Dr. ——— another member of the board and whom our patient knew as a "light handed manipulator" was called to evacuate the urine, which had to be done for a week. The doctor said the operation was performed with wonderful adroitness, but that his sufferings were excruciating from hyperæsthesia of the urethra. I suggested *Arsenicum* as a probable good remedy in his case, he replied, I have taken it by the pound without any help. I further ventured to suggest *Kali Bich.* "Have taken it by the bushel; he then said he was better and nothing had done it but *Iod. of Potassa*, that he was now taking 30 gr. doses three times a day; a saying "where ignorance," etc., occurred to me, and I bade him good morning. He is better, but has been confined to his room for perhaps six weeks and still lingers with a card on his slate, saying "The doctor is sick and can not be seen." D. B. Morrow.

Book Notices.

Hospital Construction and Organization. Wm. Wood & Co., New Yark, pp. 353.

We have here the most complete work ever issued on this subject. The importance of the topic is the best possible warrant for the great labor and care bestowed upon its production. The late Johns Hopkins, a citizen of Baltimore, bequeathed the sum of three millions of dollars for the estab-

lishment of a hospital for the indigent sick of that city. He also gave the sum of three millions of dollars for the establishment of a university with a medical department, that should have its chief clinical supply from the hospital. In order to have a hospital worthy of the munificence of its founder, five medical gentlemen, in different parts of the country, who were considered experts in the matter of hospital construction and management were selected, to write out their views in full. The result is five voluminous reports which the trustees have wisely collated into a book, thus furnishing us the most valuable treatise on this subject, ever produced. We have read it with peculiar pleasure and commend it to all our friends. Price, $2.00, Robert Clarke & Co.

SCRIBNER and ST. NICHOLAS for February, are at hand. They are inseparable monthlies and indispensable to our household. You can have them with the ADVANCE at a discount on the three.

Editor's Table.

REMOVALS.

Dr. A. L. Mahaffey, to Lima, Ohio.

Dr. H. A. Worley, to Omaha, Neb.

Dr. Eugene R. Smith removed from Edgefield to Columbia, Tenn.

DR. E. C. BECKWITH reports diphtheria of a malignant type prevailing in Columbus, O.

HEALTH ALMANAC, 1876, by E. Steiger, New York. An excellent hygienic and anti-patent-medicine pamphlet.

DRS. E. A. GUILBERT and S. Mills Fowler have become associated in charge of the North-western Sanitarium, at Dubuque, Iowa.

GOOD locations at Emporia, Kan., and Cambridge, O. Address, with stamp, MEDICAL ADVANCE.

DR. R. B. HOUSE, of Tecumseh, Mich., will issue a 5,000 edition of the Directory of Michigan Homœopathic physicians. He solicits advertisements.

THE homœopathic physicians of Tennessee held a meeting in Nashville, Dec. 1st, 1875, and organized a State Society. Dr. J. P. Dake was chosen Chairman and Dr. Eugene R. Smith, Secretary. The next regular meeting will be held in the same place on the first Wednesday in Dec., 1876.

We hope to have a good report of that meeting.

ALBANY CITY HOMŒOPATHIC HOSPITAL.—This Hospital is now fully established; is open for the reception of business; is complete in all its departments. It is capable of accommodating about forty patients. It is pleasantly and centrally located at number 123 North Pearl street, opposite Clinton Square. The building has been recently purchased and fitted up at an expense of over $20,000. It consists of three stories, is thoroughly lighted, warmed and ventilated, and is well adapted to the purposes contemplated. The members of the homœopathic medieal profession residing in the city of Albany compose the Surgical and Medical Staffs. They have, at considerable sacrifice of time and expense, established the only homœopathic hospital in Northern and Eastern New York.

CONTENTS.

J. P. GEPPERT, PR.

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., MARCH, 1876. NUMBER 11.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 225 W. Fourth Street, Cincinnati, Ohio.

THE sudden death of Dr. E. H. Ruddock, of London, Editor of the Homœopathic World, will be a painful surprise to a large number in this country as well as Europe. He was a fine specimen of an Englishman, an indefatigable worker in the medical field, having produced more books perhaps than any man living. A little over a year ago he was in our office in the prime of life and the bloom of health. He will be pleasantly remembered by all who had the pleasure of his acquaintance.

OUR homœopathic exchanges for February deserve special mention for their brilliancy and increasing value Our editors and publishers are becoming infected with the spirit of enterprise, and their journals are becoming more and more distinguished for their originality, excellence of composition, and beauty of typography. A journal half dead is a poor investment for a busy doctor. In the present sharp competition we have to meet, in order to swell our list of subscribers, it is pleasing to know that not only the fittest, but all may survive if only they prove worthy of the patronage of the profession.

COLLEGE COMMENCEMENTS are over. How many of our colleges can say they have faithfully and impartially discharged their duties toward

their class? Among the graduates sent forth, how many have strictly fulfilled the requirements of the college whose diploma they bear? How many students can say they were lured into attendance on lectures by promises that utterly failed of being fulfilled? It would make a long chapter if we were to write down the complaints and abuses that exist in some of our schools. Prominent among these is the failure to meet their agreements with the class. The whole course is short from fifty to a hundred lectures by failure of the faculty to meet their engagements. These the student has paid for but never receives. Another fault is the occupancy of professional chairs by incompetent men. Men are attempting to teach what they do not understand, and others are not fitted to tell it if they know it. And when it comes to graduation it will be found that while some of the class are held to a strict fulfillment of all requirements, others are slipped in under a cloak of favoritism. We need not catalogue all the faults of medical colleges, but commencement days are fraught with thoughts just like these, and our plea is not so much for a higher standard as for the living up to the standard we have.

EDITOR ADVANCE.—Please send me the January number of your Journal, and if I like it I will subscribe for it for the coming year. We do not like to buy a pig in the poke. There are but few of the journals which are published at the present day, practically considered, worth the amount paid for them; as they contain so much useless matter, which is of no avail to the busy practitioner or which can be made available at the bed side. That is what the profession wants, not theoretical nonsense. Yours, R. J. P.

This is probably the sentiment of nine-tenths of the medical profession; and it is both right and wrong. It depends largely upon a man's phrenological organization, what will please or displease him. If a man has no sentiment or imagination, he is pretty sure to be largely matter of fact in his tastes. But medical men have to be so from necessity. Their present wants are best met by that which is practical. Our editorial idea and aim, is to provide liberally for this want. We never cease to importune for reports of clinical cases. That we can not get all we need is not our fault. We will take all the profession will send and use all we find valuable to our readers. But our correspondent is wrong in the inference to be made, that theory is nonsense. Theory is the highest form of fact. Philosophy and science are twin sisters, help-mates and inseparable from true progress, and progress is what we are after.

"HOMŒOPATH" writing to the Louisville Courier Journal says "scarlet fever has prevailed here extensively this fall and winter, and that thus far the 'cold water treatment' has resulted in death in nearly every case, and we would advise parents to shun the external use of cold water in scarlet fever as they would death itself." He further says "in this disease we regard the thermometer as useless, and for all practical purposes would as soon use a lead pencil. Thus far every death from scarlet fever

has been under allopathic treatment. Not a single death has yet occurred in Louisville under homœopathic treatment, as can be proven by an abundance of cases and from the reports of the health officer. The experience of half a century among some of the best educated physicians in the United States has proven that *Belladonna* is not only a prophylatic but also exercises an influence over scarlet fever that shears it of all its terrors. As regards the use of *Camphor*, *Carbolic acid* and *Asafœdita*, we have no experience with them, and therefore do not recommend their use." Per contra from Dubuque, Iowa, we have this honest confession: "We are having an epidemic of scarlet fever of a very malignant form; Old School losing about 50 to 60 per cent; Homœopathists losing 20 to 25 per cent." Also per contra we have Dr. Douglass of Milwaukee, a pretty good specimen of a homœopathic physician, recommending the use of cold water in scarlet fever, as not only quite safe, but exceedingly beneficial. Here is a fine chance for discrimination. Each can decide for himself, but it may be well to bear in mind that when a man discards the body thermometer, and clings so absolutely to the prophylactic properties of *Belladonna*, he may justly be suspected of other vagaries. And we say this, without knowing who the "Homœopath" in question may be, but he does not, we are quite sure, represent the advanced thinkers and practitioners of the homœopathic school.

Materia Medica.

Sepia Succus. Prize Essay upon which the award of Fifty Dollars was made by the of Professor Materia Medica and Therapeutics, Pulte Medical College, Feb. 3, 1876. Written by F. Park Lewis, M. D., Buffalo, N. Y.

From the pigment sac situated beneath the stomach of the cuttle fish, is obtained a black inky fluid, with which, when pursued, it discolors the water in its immediate vicinity, and under cover of the cloud thus raised, oft-times succeeds in eluding the vigilance of its enemies.

This substance, so long utilized in commerce as a pigment only, has, in the hands of Homœopathy, been elevated to the ranks of a valued—though but partially understood—drug. Like some other homœopathic remedies, it is said to be almost wholly inert in its crude state; and it is only when dynamized that the extent of its pathogenesis is appreciated.

The action of *Sepia* is expended almost solely on the vegetative nervous system, all pathological conditions of the cerebro-spinal nerves that occur being reflex in their origin, or arising from a morbid condition and perverted action of the animal functions. The intensity of its action is received in the solar plexus—after which those branches governing the three great mucous tracts—as well as those presiding over the nutrition of the skin become involved; and finally the whole economy, depending for its integrity on the organic nervous system, presents pathological conditions. The nerves of special sense as well as certain special branches become involved in the general disturbance, but only as a result of previous ganglionic irritation.

The action of *Sepia* is manifested first in an irritation and then in a sub-paralytic condition of all the terminal filaments of the vegetative system; and more especially in those arising from the pelvic ganglia. The vaso-motor nerves are not exempt and we have hence, as a result—after a temporary anæmia a long continued passive congestion of the various visceral organs. The circulation grows imperfect, the blood, as will be afterwards shown, becomes impaired and the nervous filaments supplying the blood vessels, lose their tone leaving the latter in a relaxed condition.

The primary irritation is on the peripheral sympathetic filaments. The capillary vessels, supplied by them, contract, forcing the blood internally and giving rise to visceral congestions. The liver becomes filled with dark venous blood, the spleen grows large and hard, breathing becomes oppressed and labored, the pulse rapid and weak, and the patient depressed and exhausted. In the brain a similar condition obtains. The peripheral capillaries contract, increasing the function of those more deeply seated, which becoming en-

gorged with blood, press on the neurine substance and excites dull, oppressive headache. The medulla is pressed upon by the fluction of the engorged vessels and dizziness and temporary loss of muscular co-ordination results. The portio mollis irritated from similar causes manifests the fact by roaring and other abnormal sounds in the ear. The surface is cold and pale, the features anxious and pinched. The throat and stomach are dry and congested, and the prover, although externally cold, still craves cooling drinks.

This state is succeeded after an indefinite lapse of time by a directly opposite condition. The nervous irritation extends deeper. The larger venous branches that had been acting as reservoirs, now under the stimulant of the irritated organic filaments, react, and the blood is again forced into the already excited peripheral capillaries. Overcome by this vis-a-tergo, the capillaries gradually relax. The surface grows warmer. The heart increases action to meet the greater resistance and the pulse becomes full and hard. The face before almost exsanguined becomes hot and flushed. The brain still subject to an undue pressure, responds by a headache still deeper and more intense. Scintillations flash before the eye, the ear is unable to distinguish clearly. The mouth becomes more dry and hot, breathing more greatly oppressed, intellection clouded and the surface or the body dry, hot and feverish.

Finally the over stimulated organic system becomes exhausted in this struggle against itself. The superficial capillaries lose their tone and the heart beats more and more slowly. Breathing grows easier and the circulation more general; while the brain now freed from its undue pressure is relieved from pain. The prover, however, is weak and exhausted. From the relaxed capillaries transudes the serum and the body is bathed in sweat; and very gradually the system regains its normal tone.

Sepia has not, however, this regular action of chill, fever and sweat when given in long continued doses. The sympathetic nervous filaments have grown sensitive and the circulation is disturbed. Flushes of heat pass over the body,

succeeded by chilly shuddering. The atonic capillaries pour out their serum on the slightest muscular motion and anasarca would result were it not that the skin participates in the general depression and allows the watery element of the blood to transude in the form of a copious perspiration. Epithelial scales are carried off in the sweat, which decomposing, give rise to an exceedingly fœtid odor.

Throughout the whole intestinal tract the action of *Sepia* is very marked. The mucous membrane becomes hyperæmic, dry and hot. The tongue feels stiff and large. The glandular secretions at first increased finally cease. That the mucous congestion exists also in the stomach, is exhibited in the burning pains and delayed digestion. The vermicular motion is at first increased, but finally the irritation ceases leaving it in a quiescent condition, and the half paralyzed gastric filaments fail to respond when irritated by the ingested food. The latter accumulates and pressing on the greater curvature gives the sensation of a weight in the epigastrium. The debilitated atonic state of the stomach is further manifested in the white coated tongue; while the slow and feeble digestion imparts a fœtid odor to the breath.

The disturbed gastric condition reacts through the gustatory nerve and lingual branches of the glosso-pharyngeal, probably through the superior cervical ganglion, perverting the function of taste. The system is in need of food, but the irritated stomach is no longer an index to the demand. All nourishment seems repulsive or else the excited gastric nerves —excited from the fluxion of the congested membrane—convey a sensation of emptiness which voracious ingestions of food fail to appease. A fermentation replaces a proper digestion and the soured products are regurgitated by the irritated stomach into the mouth.

A similar condition exists in the intestines. Primarily a ganglionic irritation transmited to its ultimate filaments, hastens the vermicular motion and the undigested chymous matter is urged from the irritated canal. All the glandular secretions are primarily increased. The intestinal follicle and the hepatic cell, irritated by the excited ganglionic filament se-

crete unduly, and the bile, hurried from the bowels before it can be reabsorbed and complete its spiral course, imparts a greenish color to the stool; while the interference with its function gives use to a fermented or putrid fecal odor, as the diet has been amylaceous or animal. The increased intestinal secretion oozes from the anus during the intervals of defecation, by reason of the lax condition of the voluntary muscular fiber, in which the sphincters participate. The hasty expulsion of matters meant for the upbuilding of the economy, sadly interferes with the functions of assimilation. The blood is deprived of its life giving elements and the prover grows weak and anæmic. In the rectum, as in other portions of the intestine, the mucous membrane is congested and by its own weight and fullness, gives the sensation of fecal pressure, and frequent straining results only in slimy passages. The hæmorrhoidal veins are full and plethoric. Their coats, stretched by excess of blood, present when subjected to contact a sore raw feeling—with the characteristic mucous burning. This continued congestion results in a proliferation of the venous connective tissue and hæmorrhoids, with their accompanying annoying sensational result.

The action of *Sepia*, as before stated, is expended in its intensity on the solar plexus. We have, as a result, a high degree of portal congestion. The liver is the seat of sub-acute inflammations. Deep aching pains are developed. The flow of bile, like the other glandular secretions is at first increased; finally diminished. A low grade of peri-hepatitis is excited, manifested by sharp, stitching pains; but the effect of *Sepia* on the serous tissues is comparatively slight. The spleen is engorged and hard, and rendered very sensitive to pressure.

The secondary action of *Sepia* on the intestinal tract and its auxillary organs, is that resulting from a sub-paralytic condition of the vegetative filaments. The vermicular motion of the bowels before increased, is now suspended. The bile that had poured out so profusely, diminishes. The capillaries grow lax and atonic, and the follicular secretions are dried up. The diarrhœa is replaced by a constipated habit. Large fecal accumulations fill the colon and distend and op-

press the abdomen. Colic is excited by the pressure, causing sharp cutting pains; while the congested enteric mucous membrane manifests its condition by a continued burning.

The extensive distribution of the pelvic ganglia and its branches to the genito-urinary tract, excites most marked pathological conditions in the latter from the action of *Sepia*. The vegetative system is subject to the same phenomena here as elsewhere, primary irritation, secondary exhaustion, The womb grows heavy and filled with venous blood—occupying as it does an anterior angle with the line of the body—the increased weight causes—and the diminished tone of the ligaments allows—a degree of ante-version. Menstruation becomes irregular and accompanied by numerous depressing sensations of reflex origin. Leucorrhœas produced are of an irritating and excoriating nature. Muco-sanguineous discharges are excreted by the womb, while yellow, creamy discharges attended with burning and itching show an implication of the vaginal mucous membrane. The uterus grows stiff and heavy, seeming as if a weight lay in the hypogastrium. The portal congestion prevents the separation from the blood of all the detrite materials and, as a consequence, we have a depression of the cerebral functions; manifested in sadness, gloom and despondency; while intellection grows clouded, memory becomes impaired and concentration of thought lost. The mucous congestion excites the sexual desire, as the cerebro-spinal is not impaired, but the depressed state of the vegetative system is exhibited in the male by nightly seminal emissions from the relaxed organ; while in the female we have the previously explained leucorrhœas and menstrual derangements. The kidneys are excited, primarily to increased secretion, when large quantities of watery urine are passed. The renal mucous membrane becomes congested and exhibits burning pains in the lumbar region. Finally the secretion is diminished. The specific gravity is increased, with an increased amount of uric and lithic acid, which is deposited as a red sandy sediment. The mucous congestion extends throughout the ureters, bladders and urethra, involving the whole urinal tract. Sharp burning

pains are developed in these tissues; while the vesical neck, further excited by the pressure of the engorged uterus, excites an almost constant desire to evacuate the bladder. The bladder sometimes becomes denuded of its epithelial covering, which, mingling with the urine, gives it a turbid appearance. The exposed capillaries rupture and the urine becomes mixed with blood. Shortly after the urine is discharged, the animal matters sink to the bottom of the vessel and present a white or reddish colored sediment, which, rapidly decomposing, gives off a most fœtid odor.

On the respiratory tract the action of *Sepia* is almost identical with that on other mucous surfaces. Glanglionic irritation is followed by mucous hyperæmia; extending from the nasal orifice to the smaller bronchial tubes. As the mucous membrane ceases at the beginning of the bronchioles, and as inflammatory lesions do not extend by continuity where tissues differ in structure, both bronchioles and air cells escape the general congestion and frank pneumonia is never developed.

This hyperæmia in the nose constitutes a dry coryza with a stuffy obstructive sensation; which, extending up into the supra-orbital sinuses, excites a dull oppressive frontal headache. At this stage, the capillaries frequently rupture, either spontaneously or from forcible blowing of the nose, giving rise to epistaxis; or transuding in smaller quantities, coagulates and is expelled in dark black clots.

This is succeeded by a period of catarrhal exudation. As the inflammation subsides the mucous membrane begins to secrete; first a thin watery fluid which gradually increases in amount and consistency, till the whole nasal tract becomes filled with a heavy yellow or white exudation. The olfactory filaments first pressed upon by the hyperæmic membrane and then covered with the catarrhal discharge, lose the power of transmitting the sensation of odors to the brain and smell is lost. This condition at first acute and accompanied by various constitutional disturbances is liable to pass into a long continued catarrhal state.

In the mucous membrane, extending down the respiratory

tract, similar conditions are developed. The larynx, trachea and entire bronchial tree, down to its ultimate capillaries, where the mucous membrane ceases, is the seat of congestion. The rima glottidis becomes narrowed by the swollen condition of the vocal cords, both true and false, the latter being almost wholly constituted of a fold of mucous membrane receiving the intensity of its action; although the former are so much disturbed as to excite hoarseness, which may eventuate in complete aphonia. This condition existing in the bronchia causes a diminution of their caliber, especially in those of smaller size, and hence complete inflation of the lungs can not be accomplished. Dyspnœa results with a sense of oppression in the lungs. Burning pains are excited throughout the chest, but more especially before the first bronchial bifurcation behind the sternum. The burning pains, here as elsewhere, are characteristically those of a mucous tissue, as only this membrane and the skin thus manifest a pathological condition. The irritation in the bronchial tubes excites a dry hard cough, which causes a feeling of soreness throughout the chest.

This condition is not, however, one of long continuance. The mucous follicles pour out at first. a scant but gradually increasing secretion. The capillaries may rupture and discharge blood, which mixing with the mucous, streaks it red. This may extend to suppurative inflammation of the bronchia, but has never developed abscess or complete ulceration.

In this extensive sympathetic irritation the cardiac ganglia do not escape. As a result we have an irregular spasmodic action of the heart. The pulse is at first full and rapid, finally weak and intermittent. The circulation as controlled by the sympathetic is enfeebled and uncertain. At times the extremities are hot and covered by a warm sticky sweat; and again they are cold and flabby. This impaired circulation increases the susceptibility to atmospheric variations, especially a change from a dry to a damp humid condition. No true rheumatic conditions exist although myalgias exist throughout the body from the depraved state of the vital fluids. The blood is vitiated and the circulation impaired. As a result we

have lame, sore sensations developed in the various muscular tissues; while the same cause excites stiffness of the joints and difficulty of motion. The laxity of the capillary wall allows a moderate degree of œdema, but as it is wholly due to their atonic condition, no extensive dropsical or anasarcous states obtain; while the spinal nerves in confirmation with the physiological law that functional activity is dependent on proper nutrition, it induces intense cramp like pains; leaving the muscle sore and tender. The muscle under this long continued action grows weak and contraction becomes enfeebled and painful.

The skin from its physiological resemblance to the mucous membrane, undergoes like pathological conditions. The organic nutrient nerves presiding over the dermoid functions become first irritated, then depressed. Nutrition is impaired and eruptions of various kinds result. The secretion of the sebaceous glands, after a temporary increase, finally ceases; and blocking up the tubes at intervals, presents a number of black spots. These are most marked about the face where they come in contact with sooty atoms floating in the atmosphere. The deficiency of the oleaginous element, prevents a healthy lubrication of the hair and it becomes dry and harsh; while the the epidermis exhibits minute eruptions. The eruptions of *Sepia*, here as elsewhere throughout the body, are of a mild nature; as they result rather from impaired nutrition than from and specific and corrosive action of the drug. The skin becomes hyperæsthetic from perverted nutrition and occasions a soreness and itching throughout the body; while the secretion of the sebaceous glands having ceased, it loses its flexibility, becomes rough and cracks; allowing the watery element of the blood to transude from the relaxed capillary wall. The bends of the joints from their more constant motion are among the first tissues to manifest this deficient reparative power. In color too the skin exhibits a cachectic condition. In lieu of the fresh rosy condition of health, it looks dull and pale. Pigmentation is excessive and the face assumes a leaden death-like hue; while dark rings surround the eyes. A yellow band is frequently seen

crossing the nose like a saddle. In regard to these excessive changes in the color of the skin. Dr. Laycock says, that this excessive pigmentation is brought about by imperfect oxydation of the carbon chemical changes taking place, and the skin becoming loaded with the products resulting from imperfect elimination, all of which conditions would be favored by the portal congestion. Papillary and herpitic eruptions may arise at any point although as in the mucous membrane ulcerations of neither cellular or muscular tissue are developed. Authors have stated that *Sepia* is especially applicable to women of mild and easy dispositions, who are very susceptible to atmospheric influences. This is true, however, only in its depressing power on the sympathetic nervous system, affecting the circulation and through this medium, destroying all the functions of animal life. Every tissue and every organ controlled by the vegetative system is the seat of pathological phenomena; and its range of action is only commensurate with the vital power; and to all these conditions, clinical experience has demonstrated its curative power and rendered it a worthy exponent of the Homœopathic law, "*Similia Similibus Curantur.*"

Theory and Practice.

Sanitation. Lecture delivered in the Popular Scientific Course, at Pulte Medical College. By Prof. C. C. Bronson, M. D. Part First.

The growth of civilization has, thus far during the nineteenth century, been pre-eminently in the midst of a period of great contrarieties. Events grand and impressive, often start-

ling and incomprehensible, have from time to time transpired. Years of wasting and destructive war, have been followed by years of industry and thrifty peace; in which human capabilities have developed themselves to an unprecedented extent.

The mind of man, in the plentitude of its power, has outrivaled the attainments of the mightiest efforts of the past. In the mastery over physical elements, rude nature has been conquered; and art, science, and mechanical ingenuity have risen to a pitch of refinement, which, but that we have grown up among the results, would appear as the exaggerations of an untamed imagination. Whatever can contribute to pleasure, comfort, luxury, or convenience, is infinitely multiplied, and realized. We see it in the majestic steam ship, plowing the ocean billows against wind and tide; in the dime excursion boat; in the Pullman palace car, express, and commuters railway-train; the steam press, and the electric thought-flasher, stretching its iron nerves over far-away lands, and through the depths of the sounding sea, girdling the earth, and outrunning even Time himself—all telling of ceaseless energy, activity, and progress.

And yet side by side with all this wealth of power, enterprise, and progression, we find elements of weakness, of degeneracy, and I had almost said of perdition, which are not to be paralleled in the history of the most barbarous, and among people the most savage, and untutored.

Of all the great undertakings by which this century is signalized, there is perhaps none which more clearly stamps a character of real, and essential progress, than the science of Sanitation. For the results of this, mediate, and immediate, is a positive, a cumulative good; a social, moral, nay more, an intellectual amelioration, of a most beneficial nature; one we have good reason to believe, is destined to affect great results in the material progress of the civilized world.

Whether so intended or not, its ultimate effect lies beyond the thought of pecuniary advantage—the mere question of dollars and cents; it recognizes the existence of claims, and sympathies, the intimate relations between all grades and

phases of society. It was of no consequence, that those who held the might, and controlled the capabilities, had first to learn their rudiments of duty, and responsibility, in a severe school; that their attention was compulsory, rather than spontaneous; that motives, not of an elevated, but selfish character, were brought into play. It was something gained, when the conviction was established, that it would not be safe, or politic, to ignore the existence of the masses, for the multitudinous population proved their kinship, from time to time, by fatal evidence, in the communication of fatal diseases.

It was seen that distress and misery, could not seize on the low, and destitute, without smiting as victims to their pestilential breath, some among those in higher, and happier positions. And slowly, and painfully the great truth forced itself into notice, that "classes," might be dangerous, in more senses than one; that ignorance, and negligence, were costly as well as criminal. That far reaching interests, involving other than temporal consequences, were recklessly slighted, and being thrown away as worthless, and of no regard.

It matters not, I repeat, in what way the impulse originated; the prime fact remains that it was felt, and obeyed, and inspired the enquiries—what is to be done? and how are we to do it? One obvious course was to try backward, and trace known effects to their causes; to discover why it was, that the ground work of opulence, luxury, and health, should be indigence, misery, and appalling mortality.

Here, an ever increasing wealth; there, ever grinding poverty. Hope and ever-widening knowledge, on the one hand; despair, and foulest ignorance, on the other. Tracing the converging lines, it was found, that here too, extremes met, and as we have seen, lofty and lowly, were brought together by the fatal law of grim compensation.

Were it neccessary, we might go back, to ages long anterior to our own historic period, and show that certain leading principles have been recognised, and acted on by the wise, as essential to health and vigor of body; which principles could not be departed from, without risk, or penalty. But such a survey, would be incompatible with our present purpose.

We need not quote from the dim past, the aphorisms of Hippocrates, or Galen; but take the philosophy of Baacon, our retrospective limit, and a maxim of his for our primary text. "There is a wisdom beyond the rules of physic," says Bacon, "a man's own observation, what he finds good of, and what he finds hurt of, is the best physic to preserve health. Examine thy customs of diet, apparel, exercise, and the like, and try, in anything thou shalt judge hurtful, to discontinue it by little, and little." Add to this what may be said on the habitations of man, and we have the pith of the whole matter before us.

Although, as far back in the sixteenth century as the reign of Henry the VIII, and more particularly in the time of queen Elizabeth, of England, we find some faint traces of sanitary laws, and following down through the 17th and 18th centuries, a few examples are given, of the advantage of treating health, on principle; it was reserved for more recent times, as already intimated, to bring the vast accumulation of unconnected experiences, to bear with comprehensive force, on the whole important question.

The carrying out of the "New Poor Laws," in England, some forty years ago, may be regarded, as the starting point of the enquiries, which lead to the sanitary movement.

Medical men, of enlightened minds, were authorized to collect evidence, on certain social phenomena, said to favor pauperism; and this evidence, when logically collated, presented an amount of proof, altogether irresistible.

From the questions addressed to medical practitioners, and others, who assisted in the preliminary investigation, an idea may be formed of the specific, obnoxious influences sought to be investigated. In respect to dwellings, enquiries were to be directed, as to the comparative health of the inmates.

Whether the advantage of improved homes was, observed to have any salutary influence on the moral habits of the people. Whether the increased comforts of his house, and home, had a tendency to withdraw the laborer from the beer shops, and from the habits of improvidence, to which it leads. And whether residents, in separate, or improved tenements, were

superior in condition as compared with others who held merely lodgings, or who resided with other families in the same house. It had been remarked, that certain localities in town, and country, were always infested by contagious, febrile diseases, and it was desirable to know, whether the surrounding lands were drained or undrained? Whether there was a proper supply of water, for the purposes of cleanliness of the houses, persons and clothing? Whether there were proper receptacles for filth in connection with the houses?

Whether such residences were unduly crowded, and several families or persons occupying the space, which would properly suffice only for a less number? Whether there were any inferior lodging houses, crowded by mendicants, or vagrants? Whether there was a gross want of cleanliness, in the persons or habitations of certain classes of the poor? And whether there was any essential difference in the health of operatives, confined to the shade or sunny side of shop or factory?

Out of the whole number, these are but a few of the questions propounded, but they give us an idea of the general scheme proposed.

In 1842, out of the replies furnished on the several points, Mr. Chadwick produced his valuable report, on the sanitary condition of the laboring population of Great Britain.

Here was the true birth of the science of sanitation. The sceptical, could no longer claim the privilege of doubting, that defective drainage, neglect of house and street cleaning, and imperfect supplies of water, ventilation, and sunlight, contributed to produce atmospheric impurities, which effect the general physical condition, and health of the population. That acute, chronic, and ultimately organic disorders, are generated thereby, more especially consumption, scrofulous,and eruptive affections, and other kindred forms of disease.

At the present time it is a well established fact, that habitation and its surroundings,exert a paramount influence on health, quite independent of education, and of what has been often urged as the best preventive of social decline—abundant work, and high wages; for, in the city of New York, where

there is seldom a lack of employment, for those who are determined to exert themselves, with good pay, and schooling gratis, 63,000 of the population live in attics and cellars. "In these breeding slums of pestilence, says Dr. Griscom, fevers, rheumatism, and inflammatory disorders, affections of the lungs, eyes, skin and numerous other diseases are rife; and too often, successfully combat the skill of the physician, and the earnest efforts of the benevolent." "I speak now," he continues, "of the influence of the locality merely. The degraded habits of life, the filth, the degenerate morals, the confined and crowded apartments, and insufficient food of those who live in more elevated rooms, comparatively, beyond the exhalations of the soil; engender a different train of diseases, sufficiently distressing to contemplate; but in addition to all these causes of the foul influence of the incessant moisture, and more confined air of underground, and unventilated rooms, is productive of evils, which humanity can not regard without shuddering." We need not go, however, to the city of New York for illustration of the evils already mentioned, the aspect of our own, and most of the cities, and larger towns, taking the metropolis as a guide, and type, are too much after the manner of social usages—a sham. The main thoroughfares, showy, spacious, passably clean, and such as might be required by a highly civilized community, which would impose on a casual visitor, or incurious citizen, but which only serve to mask a "behind the scenes" of quite another character.

The long, tall rows of houses, built without the slightest regard of the real comfort of the expected tenant, often conceal deformities, worse than hideous; with here and there an entrance "or vomitory," the only means of communication between the hidden regions, and the stately avenue. Few, who pass in the hurry, and strife of business or pleasure, can imagine so repulsive a back ground, to a seemingly brilliant picture. Except the unhappy dwellers in these dismal haunts, few enter—save the dispenser of charity, the minister of religion, or the almost ubiquitous physician. Here is grim death's harvest fields; here, the mortality is double that of the

population in more favorable circumstances. Not only more deaths, but more rapid mortality; more living disease; an accelerated ratio of births and multitudes of infants coming into the world, year after year, apparently, existing only, for no other purpose, but to die off as fast as possible. Then again the liability to fatal sickness, on the part of the adults, is directly the reverse, of what the young who chance to survive, require. The more children, the more orphans. Taking a fixed number of parents, the attack of typhoid fever, and other fatal affections, of those between twenty, and thirty years of age, falls but little short of the total of all other adult ages. From twenty to forty is the most susceptible period, and it is precisely during this time, that parents are swept away, leaving orphans, to swell the already overgrown ranks of poverty, disease and crime.

This, I repeat, is the result of atmospheric contamination, originating in uncleanness, and a lack of proper ventilation.

But atmospheric impurity, is not confined to the domiciles of the wretched; in the abodes of luxury; in the drawing rooms, and chambers of the wealthy; in the halls of the learned, in the temples of pleasure, or of worship, ventilation is the exception, not the rule. Architects, and builders, in the great majority of instances, seem to be profoundly ignorant of the physiological fact, that man carries a pair of lungs beneath his ribs, fitted only to inspire oxygen, and nitrogen, in their purity. Go into a crowded political meeting, when the excitement is pretty well up in the hall, enter a church in the middle of a sermon, a theater, when the play is half over, or even in the lecture rooms of many of our learned or scientific societies, and the sense of foul impurity, shall smite you as the breath of a pestilence. Your instinctive impulse to flee from the sickening influence, is nature's voice, at once suggesting the remedy. In the last yearly report of the Board of Health, of our city, I find the statement that, "inquiries into the dangers of the school room, have lately engaged the particular attention of sanitarians. Experience of physicians in private practice, as well as the observation of sanitary officers, show, that much injury to both mental, and physical vig-

or, is often caused by the construction, and regulation of educational institutions. Aside from the tax upon the mind, the effect upon the bodily health of children in crowded rooms, compelled to breathe during the long hours of the day, without proper intervals of recreation, the exhalations from the lungs, and bodies of those around them, can not be otherwise than injurious. Reference to mortuary reports will show that consumption ranks among the most prominent causes of death in the cities of this country. Indeed in the absence of epidemics, this has been the principal cause of death in our own city and, it has been thought that aside from hereditary predispostion, one of the most prolific sources of consumption is, rebreathed air."

The Hermetic Transfusor. By Dr. J. Roussel, of Geneva, Switz. Report before the Imperial Society of Physicians at Vienna. Translated from the German by Elmira Y. Howard, M. D.

Prof. Dittel, Chairman. Before 7 o'clock in the evening, the hall was filled with professors, physicians, surgeons, members of the association, army physicians and strangers who were curious to witness the operation with the hermetic transfusor upon a living subject. This new instrument had already been found a very ingenious one, and attracted much attention, from those interested in the important question of transfusion of blood. In fact the instrument promises much, as its already numerous and successful operations upon the battle field, in the late Franco-Prusian war, will attest.

The meager results heretofore attending the transfusion of defibrinated blood, the laboriousness and length of time required also, and which only was practicable with many and

complete instrumental resources, had led to almost complete disuse of this valuable surgical operation. It was generally conceded in cases of extreme necessity, that the use of defibrinated blood could be resorted to, but all entertained the hope, or wish that means had been found, in this new instrument, whereby, in an easy and practical manner, living and unchanged blood could be passed over into the living body.

Every attempt to transfuse living and unseparated blood had been, as a rule, frustrated by the entrance of air into the vein of the invalid or by contact of the air with the blood itself; which changed in a very few minutes and formed a row of minute coagulations, which, passing into the vein of the patient, caused fatal embolism and non-defibrinated blood became a curdled mass in the syringe as the attempt was made to inject it. Dr. Roussel had announced the surmounting of these difficulties and upon the explanation of the principle upon which he had constructed his apparatus, it seemed in fact that he had discovered the means to prevent the contact of the blood with the air, and the consequent coagulation by the rapid passage of blood from one vein to another through an air-tight tube, which had previously been filled with water.

In demonstrating the operation, Dr. R., explained the working of the instrument and pointed out how the blood could not come in contact with the air, as it passed directly from the vein into the instrument without interruption.

To arrive at this end and to prevent the chance of air being introduced, and also to obviate the use of the ligature, which is a difficult and somewhat tedious operation for the person from whom the blood is taken, he conceived the idea of adjusting an apparatus on the surface of the skin by means of a ring shaped cupping glass, which being provided with a pump, is attached to the transfusor. The muzzle or mouth of the cupping glass is to be placed lightly upon the vein, which is to be opened. The pump at the same time removes all the air from the cupping glass, if any air globules remain within the cup, they would make their appearance at the edge of the glass and if a greater amount of air were within,

or would enter the cupping glass, the latter would separate itself from the arm and the whole transfusor would fall off and thereby interrupt the operation, and this before the air could enter the tube containing the blood, and the operation, rather than prove a bad one, could not take place at all. This cupping glass has a peculiar bend in its free margin, which is one of the difficulties of its invention. It is, however, so arranged that it can be adjusted at the elbow, to the venæ medianæ or cephalica of the arm. It remains tightly adjusted as long as the surgeon desires it; as the inner cylinder of the cupping glass, which forms the first opening of the transfusor, locks in its under part, and it supports itself upon the skin by the suction of the pump upon the outer cupping glass. In its upper part is an opening, whereby the surgeon is able to see the vein, which he wishes to open. He determines the place previously and marks it with pencil or ink.

After the cupping glass is firmly adjusted, the opening of the cylinder or tube is closed by a cork formed piece into which the handle of the lance has been inserted, this is quadrangular and cemented or mortised into a four cornered aperture in such a manner that the lance can not be displaced or deviate from its proper position. After the vein has been lanced, the lance withdraws itself by means of a spring, besides this a screw enables the surgeon to lengthen or shorten the lancet-stroke according to his judgment, as to the thickness of the superficial fascia or depth of the tissues to be penetrated; which depth is increased by the drawing of the integument under the cupping glass. Two metal marks designate the position or points of the external cupping glass which can be adjusted at pleasure in any position. This part of the apparatus needs the greatest care and judgment in its adjustment, that the air may not intrude itself with the lancet and also that the surgeon may be certain not to miss the vein, and that he may be able to lance it as he desires, as he does not see the internal cupping glass or vein. Here Dr. Roussel explained the second principle of the transfusor, viz: The filling of the whole instrument with warm water—which

contains a small quantity of carbonate of sodium or chloride of sodium—for the purpose of warming the entire apparatus and that the blood may not be chilled, and to expel the air from the instrument. He said in the absence of warm water or salt upon the battle field one should not hesitate to use the transfusor with clean, cold water, as water is indispensable in the use of the instrument, and as blood flows so rapidly through the transfusor that the cooling is slight and the wounded person feels a slight chill only and life may be saved. If, however, the blood is drawn into a dry vessel immediately, minute coagulations are found against the walls of the vessel and soon throughout the entire mass of the blood, so that by the embolism which must follow under such conditions, transfusion proves impracticable if not fatal upon the wounded subject. To accomplish this purpose Dr. Roussel showed the tube which he dipped into warm water and filled by suction the interior of the cylinder, and the whole of the transfusor, with the exception of the external cupping glass. While pressing the pump of the transfusor with his hand there was to be observed that air globules escaped, and the water which had served to pass the air from the instrument, could be seen streaming from the glass tube. After the air had been thoroughly displaced the operator closed the faucet of the water tube, gave a short stroke to the lancet, the blood then rushes into the cylinder, the pump of the transfusor, which is supplied with two valves, forces all of the water out of the tubes, whereupon one sees through the glass tube a little water mixed with blood, when directly follows the flow of clear blood, now is the moment when transfusion should begin. The surgeon inserts the tube into the opening which the assistant has made in the vein of the invalid before the instrument is ready for service. The operation is so simple the surgeon can perform the entire operation alone without an assistant, and if necessary he could withdraw the blood from his own left arm if the critical emergency should come upon him. Every pressure of the pump supplies the invalid with ten grammes of blood and ten or fifteen impulses of the pump, in one or two minutes supplies him with a hundred to

one hundred and fifty grammes of blood; a sufficient quantity to give new life to a perishing person. The surgeon will be governed by the emergency of the case in the rapidity of the transfusion. He will operate rapidly and press the pump strongly in case of profuse hæmorrhage, whereas he will work with more deliberation if the case is one of chlorosis or chronic anæmia, in which latter case he must watch with close attention the face of the patient. Every operator will secure the vein according to his own judgment, but Dr. Roussel says if the vein is quite visible, then by slight pressure it can be protruded and with ease a moderate sized trocar can be introduced. If in anæmic cases the vein is invisible and too small to be seized readily, let the surgeon make a slight incision in the skin, he will readily find the vein, which he shall fasten with a small hook, then with a pair of fine scissors make a small V shaped cut. The hook holding the artificial flap, thereby facilitates the introduction of the tube. Dr. R. had also attached a small dilator with a lateral lancet attachment, which served to open the vein and to widen the opening. After the tube has been introduced the dilator becomes a forcep with which one can fix the vein over the tube; when the tube is introduced into the vein, the opening will be sufficiently closed to prevent a reflux of blood and it would be superfluous to put a ligature about the vein during the operation, and after the operation it would be equally unnecessary if the bandage is properly adjusted, and for more perfect security, there should be placed upon the wound a solid body, a piece of cork, a button or a piece of money wrapped in a compress and thus bandaged down, thus forming a tampon. The wound upon whom the transfusion has taken place and that upon the person who has given his blood, should be healed within twenty-four hours by first intention. Dr. R. had used the soft black rubber the natural caoutchouc in the construction of the instrument, as far as was practicable, as this soft natural product has no bad effect upon the blood, but the vulcanized rubber containing sulphur tended to render the blood impure. Time does not impair the black rubber if well cared for and of good

quality. After explaining the transfusor and its fundamental principles, the doctor showed to the hearers, a patient on whom he had operated a few days previously. Two small incisions only were visible on the left arm of the patient over the median vein, which had healed without phlebitis or other accident, to the satisfaction of the surgeon in charge. Dr. R. now proceeded to operate. Not the slightest air bubble nor the least trace of coagulated blood was discernible. The operation itself did not last two minutes and proceeded simply and without the least interruption or difficulty, and was a most complete and perfect success. This transfusor supersedes all other inventions for the safe, speedy and successful transfusion of living undefibrinated blood, and no surgeon's case should be regarded complete without it. Prof. Dittel, president of the society, expressed the acknowledgment of the members and visitors present; and they responded with loud and hearty applause—a most unusual occurrence, as applause is seldom given utterance to in these gravely scientific meetings, but thereby manifesting how much they were interested in this important enrichment to the means of operative surgery.

Professional Opposition to Homœopathy. By Alfred C. Pope.

From the British Journal of Homœopathy we take the following as the more interesting parts of an address by Mr. Pope on the above subject.

That all who prescribe medicines homœopathically are homœopathists is incontestable. It is just as much so as is the fact that those who prescribe empirically are empirics—just as much so as that those who, at a former period, adopting the method of John Brown as the basis of their

drug treatment, were Brunonians, or that as those who somewhat later directed their prescriptions by the principles of Broussais were called Broussaisists. But we do not make use of the words homœopathy and homœopathist in a vulgar, ostentatious, or unprofessional manner. Against any such charge as this we indignantly protest. That these words have ever come so prominently forward, or been used so frequently, or in so many relations as they have been is solely to be ascribed to the action of those who, by excluding us from the ordinary societies of our profession, have compelled us to form societies of our own; who, having refused to publish our contributions to medical literature, have rendered it necessary that we should have special periodicals in which we could express our views; of those who, having deprived us of opportunities of filling hospital appointments, have made it incumbent upon us to institute hospitals and dispensaries where we could afford relief to the sick poor. In all this there is nothing unprofessional, nothing out of harmony with the strictest regard for medical ethics. The frequent use of the appellation "homœopathists has been forced upon us by the unjust, ungenerous conduct of the majority of the medical profession.

Homœopathy is far from being our profession; the entire range of medicine and surgery is that. So far from homœopathy supplying us with our only means of relieving disease, the entire range of therapeutics is ours. Within this range homœopathy holds, and I trust will increasingly hold, a conspicuous position; but we have neither done, written, nor said anything which restricts us to the use of homœopathically selected remedies in *all* cases, under *all* circumstances. We are bound by no obligation other than that which calls upon us to do the best we can for our patients. In the discharge of this duty we avail ourselves in the treatment of disease of every measure by which the health of the body is capable of being modified. Experience has taught us that homœopathically selected medicines are those which as a rule assist more than any other in the cure of diseases. But experience has also taught us that cases do arise where all

the help that the physician can supply from his drug *repertoire* is palliative, and we have learned that in not a few such instances we must draw upon antipathic sources for our palliatives. Experience has further shown that in many instances surgical interference conduces to more rapid recovery than medicines alone can do, while in others the operative skill of the surgeon is a *sine qua non* of cure. Again, experience has taught us, as it has taught all medical men, the therapeutic value of dietetics, of water employed in different ways and at varying temperatures, of electricity, and indeed of the scientific regulation of all the conditions by which a patient is surrounded.

Therefore, gentlemen, while it is true, and I for my part am thankful that it is true, that we are homœopathists, we are over and above that—physicians; we bring to bear upon the treatment of disease every means which has been *proved* to be best adapted to its cure.

There is nothing novel or strange in a body of physicians, from their avowed attachment to some distinct therapeutic principle, being known by an epithet more or less expressive of that principle. In nearly every instance in which this has occurred the central and distinguishing principle has had reference to the manner of prescribing drugs—not to the general treatment of disease. On the general principles of treatment most physicians are agreed. It is only when they come to writing a prescription that their differences make themselves apparent.

Once more, it has been assumed that the homœopathist depends for his therapeutic resources upon drugs alone. There was a time when it was the fashion to state that homœopathists were especially careful dieticians, that to the simple kinds of food and drink to which their patients were restricted and to the absence of all drugs they owed their success. Nowadays it is asserted that no homœopathist is honest who, under any circumstances whatever, endeavors to cure or relieve his patients by any other means than medicine, and that a medicine prescribed on the principle of similars. Possibly enough there are persons who would add

that, for complete honesty to be compatible with being a homœopathist, medicines must be prescribed in globules of the 30th dilution! Here is another of those false assumptions regarding homœopathy which, for the sake of charity, I will ascribe to ignorance of what is really understood by that word.

As did the Brunonian and the Broussaisist in the past so does the homœopathist to-day. He adopts that method of treatment implied in the term which has been used to describe his therapeutic views in every case in which his study and experience have led him to believe that it is available. But his treatment of disease does not, and never did, begin and end with a prescription. He knows, appreciates, and employs every therapeutic resource which modern research has shown to be capable of improving the conditon of a patient, and of assisting in the cure of his disease.

To the suppression, then, of all inquiry into homœopathy, to the false assumptions which have been entertained regarding its meaning and place in therapeutics, and to the erroneous notions which have been allowed to obtain currency respecting the practice and opinions of those who have openly avowed their confidence in it as a general rule for drug selection, do I attribute the injustice and ostracism with which we have been visited by the majority of the profession.

What are Bacteria?

Truly a question of Life and Death! In their microscopic field of existence, the great battle of biology, the problem of life's beginning, must be decided. So, too, one of the great-

est problems of pathogenesis hinges on their origin and effects. Are they or are they not the cause of endemic and so-called "specific" contagious diseases?—a class of diseases which have been aptly described as distinguishing one country from another, one year from another; which have formed epochs in history, and, as Niebuhr has shown, have influenced not only the fall of cities such as Athens and Florence, but of empires; which decimate armies and disable fleets; take the lives of criminals which justice has not condemned, redouble the dangers of crowded hospitals; infest the habitations of the poor, and strike the artisan in his strength down from comfort to helpless poverty; carry away the infant from the mother's breast, the old man at the end of life, and fall with excessive fatality on strong men in their prime and vigor.

What are bacteria?

Four answers have been given to this question. Ehrenberg's, that they are animal organisms of the lowest grade having an individuality of their own; Hallier's, that they are of the nature of spores, produced from and destined to develop into some of the simpler microscopic fungi; Cohn's, that they represent the free-swimming stage in the existence of certain algæ; Bastian's, that they are the first and most common developmental phase of newly evolved living matter, capable, either singly or in combination, of developing into many different kinds of living things.

Ehrenberg's view is quite obsolete. They are not animals nor are all agreed that they are vegetables. For these and other doubtful organisms of the lowest rank, Haeckel has proposed a new kingdom—the *protista*, intermediate between and connecting the animal and vegetable kingdoms, and from the modification of which both animals and plants have been derived. Barring the last clause, the proposition bids fair to be generally adopted, as it relegates to a sort of no-man's land a group of organisms in which animal and vegetable characteristics are so united that they can not be classed with either animals or vegetables.

All that is positively known of the origin of these organ-

isms is that they speedily make their appearance in all infusions of organic substances exposed to light and air, and under other conditions not so clearly understood. The smallest—usually globular—specks, ranging between a one-hundred-thousandth and a one-twenty-thousandth of an inch in diameter, have been variously denominated monads, microzymes and plastide particles. According to Bastian, who adopts the last name, they are merely temporary and initial forms of many organizations which may afterward present distinct characteristics of their own; though some of them, through default of necessary conditions, may never actually develop into higher modes of being. From those which do continue their development, he holds, bacteria and other forms, which others have thought specific, are produced by a direct process of growth and development. In size and character, these bacteria and others differ according to the degree of putrescibility of the solution in which they appear, the amount of heat to which it has been exposed and other modifying conditions. From this point of view, a rigid specific classification is uncalled for and impossible.

According to Hallier's view, the smallest specks of living matter—he calls them micrococci—are minute particles of plasma or naked matter produced by the repeated subdivision of the nuclei of fungus spores, or by the breaking up of the protoplasmic contents of the larger reproductive cells of certain fungi. When introduced into a fluid micrococci, he says, develop into cryptococci, bodies resembling ordinary yeast cells; in an acid fluid, or one which becomes acid through fermentation, the micrococci assume the elongated forms commonly called bacteria, but which he names anthrococci. The first and the last named multiply by fission, while the cryptococci increase by a process of budding. By an elongated growth, the anthrococci are described as developing into distinct fungi of the oidium type.

Thus, determined by the nature of the fluid in which they grow, micrococci are said to develop either at once into *torulæ* cells from which a perfect fungus may result, or into *bacteria*, which develop into segmented filaments and thence

into distinct fungi of a different type. The various fungi so developed are supposed by Hallier to be capable of reproducing micrococci, as already described, and so completing the circle of life; an hypothesis which seems to have no other foundation than a desire to escape the necessity of admitting the origin of micrococci *de novo*.

Cohn classifies more extensively. By his latest scheme bacteria are divided into four groups and six genera, as follows:

I. Sphæro-bacteria.....	Genus 1	Micrococcus
II. Micro-bacteria	" 2	Bacterium
III. Desmo-bacteria	" 3	Bacillus
	" 4	Vibro
IV. Spiro-bacteria.....	" 5	Spirillum
	" 6	Spirochæta

The first group appears to correspond with the micrococci of Hallier and the plastide particles of Bastian. They are exceedingly minute darkish or colored granules, frequently presenting the appearance of beaded chains. The whole group is divided by Cohn into three sections—the chromogems, the micrococci of pigmentation; the zymogens, those of ferment; and the pathogens, those of contagion. The chromogens have been the means of producing miracles, by causing bread to exude blood under "supernatural" circumstances, as in the instances described by Rivolta. Among the pathogen micrococci are *m. vaccinæ*, observed by Chauveau and Sanderson in vaccine lymph; the *m. diptheriæus*, to which diphtheria is attributed and *m. septicus*, found in the milary eruptions of typhus, pyœmia and some other diseases. Lebert mentions also small pox, septicæmia, mycosis intestinalis and peuerperal infectious diseases, as characterized by the presence of members of this group.

The true bacteria Cohn divides into two species, *b. termo* and *b. lineola*. The first are the "dumb bell" bacteria, so called from their shape. Their length is about one nine-thousandth to one twelve-thousandth of an inch, and they move with a slowly vascillating motion. These, Cohn regards as essentially the ferment of putrefaction, and is doubt-

ful whether putrefactive changes can take place without them, *b. lineola* are rod-shaped and somewhat larger. They move with a somewhat stronger and more rapid to-and-fro motion. Lebert says they are constantly present in malignant pustule. They are regarded as essentially the ferment of sour milk.

The desmo-bacteria, or linked rods, as their name implies, are divided into two genera—bacteria, with transversely lined filaments and vibro, with filaments cylindrical and curved. The first, Cohn divides into three species: (1) *B. subtiles*, a slender, supple thread found in stale-boiled milk; length one five-hundredth of an inch. It has a pausing motion, like that of a fish forcing its way through reeds. (2) *B. anthracis*, an immovable, oblong, highly refractive body found in the blood of animals having carbuncle; length one ten-thousandth to one two-hundredth of an inch. It is occasionally found in chains of two or three links, and is remarkable for being unaffected by *water, alcohol, ether, acetic, nitric, or phosphoric acid, soda, potassa, or ammonia. Sulphuric acid* readily destroys it. (3) *B. vlna*, which is distinguished from (1) by the greater thickness of its filaments and by its rigidity; length one six-hundred and fiftieth of an inch. It is found in the stale infusion of boiled egg. The vibrios are distinguished from the bacilli by their rotary motion. *V. rugula*, a curved, flexible thread one twenty-five-hundredth to one twelve-hundredth of an inch long, is found in the evacuations of cholera, diarrhœa, etc. Its rotation is slow. *V. serpens* is distinguished by the greater number and regularity of its curves, by the rigidity of its filament, and its more rapid motion; length about one two-thousandth of an inch.

The last group embraces the corkscrew bacteria. The three specivs of spirilla are distinguished chiefly by their relative size, the great regularity and closeness of their curves, and their uniform corkscrew motion. Lebert associates spiral bacteria with relapsing fever.

Whether bacteria are really responsible for the various maladies attributed to them is a question which involves too many considerations to be discussed in this connection.

Cardiac Hypertrophy from Aortic Stenosis. By W. P. Armstrong, M. D., of Paris, Ill. Part First, Pathology.

The term cardiac hypertrophy, as used at the present day, does not include dilatation, but it means a simple overgrowth of the muscular tissue of the heart, and it is generally conceded by pathologists, that this overgrowth is not by increase in size of the muscular fibers, but by an increase in their numbers. It is an increased muscular development, to overcome obstruction. The most frequent cause of hypertrophy of the left side of the heart is aortic stenosis, otherwise known as obstruction at the aortic orifice, which usually occurs late in life, as contrasted with mitral disease, which in most cases, is the result of rheumatic inflammation, and occurs previous to the middle age.

The great cause of aortic obstruction is atheroma, or endarteriitis deformans. The onset of the obstruction is generally gradual, the valves first becoming slightly thickened by the inflammation, folded back during systole, forming a slight obstacle to the flow of blood; afterward increasing in thickness by the same process, and frequently by atheromatous vegetations. In some cases there are calcareous deposits behind the valves, forcing them out in the way of the blood stream, and in others the free edges of the valves become united by the inflammation. The orifice frequently is so constricted by these processes, either singly or combined, as to be very small, sometimes no larger than a crow's quill, and a case has been known in which it was almost completely blocked up, being only large enough to admit the passage of a small bristle.

The onset of the stenosis being gradual, the result is a steadily increasing pure hypertrophy of the left ventricle, and it is only after this hypertrophy has continued for a long time that dilatation sets in. This last condition is hastened by anything which calls upon the heart for any excessive amount of work, as violent and physical exertion in rowing, swimming, running, gymnastic exercises, etc. Then the ventricle is unequal to the task imposed upon it, of forcing

the blood forward through the constricted aortic opening as fast as it is returned from the systemic circulation, it accumulates in the left ventricle; the other valves of the heart yet performing their functions properly, and a temporary dilatation is set up. At the same time, the ventricular contractions being shortened, the amount of blood thrown into the aorta at each systole is diminished, the aortic recoil is lessened, the coronary arteries, which have their openings in the aorta, immediately behind the semilunar valves, do not receive a sufficient amount of this life fluid during diastole; the heart is not properly nourished, the ventricular walls become weakened, the pressure of the accumulated blood causes them to give way, and permanent dilatation is the result.

When once this dilatation is established, it seems to perpetuate and increase itself. The amount of blood thrown into the aorta by the now enfeebled ventricle at each systole, is still less; the aortic recoil is still more deficient; the cardiac tissue is still more poorly nourished; fatty degeneration sets in, and the end soon comes. Now any little exertion may cause death, the heart being no longer able to propel the blood through the narrowed orifice. Even before dilatation has been set up, the hypertrophied heart itself may cease to act, becoming paralyzed by some violent effort, and never recovering sufficient strength to perform its difficult task, death immediately ensues.

Thus far we have spoken of hypertrophy and dilatation of the left ventricle alone, and for the reason that this is the portion of the heart first affected by the aortic lesion under consideration; but finally, every portion of this organ may become involved. The aortic obstruction produces an accumulation of blood in the left ventricle; this accumulated blood in its turn, obstructs the stream pouring in from the auricle, which now becomes overcrowded and consequently dilated; for hypertrophy belongs alone to the ventricles, the corresponding change in the auricles being purely one of dilatation. The distended left auricle impedes the pulmonary circulation, and congestion of the lungs results, with its attendant dyspnœa. This again obstructs the flow from the right side of

the heart; the right ventricle becomes enlarged by hypertrophy or dilatation, or both combined; its over abundant contents prevent the proper emptying of the right auricle, and *it* becomes dilated; and this overcrowded right auricle in its turn produces stagnation in the entire venous system, even to the arterial capillaries. The result of the blood thus lying too much on the venous side, is venous congestion of the various organs, diseases of the alimentary canal, dropsical effusions, mostly into the cellular tissue, but to some extent, also, into the serous sacs, and excess of albumen with resulting increase of connective tissue in the glandular structures,, until they become unable to perform the functions of life, and death comes to relieve the wretched victim of this disease from his sufferings.

This backward working, by which the whole heart eventually becomes involved in the enlargement, is what our German friends call "ruchwirhung," and Flint, in his admirable work on the heart, second edition, page 18, makes the rather remarkable mistake of carrying it on, until the whole circle is completed, the obstructed systemic capillaries causing an over distension of the arterial system. This over distension, he says, becoming a second cause of dilatation in the left ventricle, which is now still less able to empty itself in consequence of the arterial obstruction. This it will readily be seen, is an impossibility. As in that case, all the cavities of the heart, and all the arteries and veins must be overcrowded at the same time, for which a greatly increased amount of blood would be necessary. If the venous system is overcharged, the arterial system must be deficient in blood supply, and this is shown to be the case by the diminished arterial tension, of which the lessened quantity of urine is evidence, even if there were no other proofs.

WANTED.—Complete sets of Vol. I, and II MEDICAL ADVANCE. One dollar each allowed, on subscription to Vol. IV. Partial sets of the same volumes will be paid for. Wanted also June, 1875; thirty cents allowed.

Miscellaneous.

Liberty of Opinion. By Dr. Ad. Lippe, Philadelphia.

The Medical Investigator, January 15, 1876, page 105, while giving the biography of Carroll Dunham, M. A., M. D., also recapitulates some sentences of the celebrated address delivered before the American Institute at Chicago, on the —th day of May, 1870. The quotation is: "*Do we demand liberty of opinion? Then we must take care that our opinions rest on a foundation of study and acquirement, which embraces the entire circuit of medical knowledge, and takes in and honestly estimates every new contribution to it; no prejudice of place or person giving a bias to our reason.*" The editor adds, "this address very generally touched the professional heart, and the almost unanimous response was, a hearty *Amen.*"

The opinion, which is claimed as demanding liberty is, according to the definition given above, resting on a foundation of study and acquirements, which embraces the entire circuit of medical knowledge, etc. Under the guise of that liberty, the medical art has for twenty-five hundred years, from Hippocrates till the days of Hahnemann, indulged in just as many fallacious teachings as there were teachers, and all and every one of these false teachers rested their individual opinion on a foundation of study and acquirement. They were learned men, one and all, not even excluding Sangrado, also learned in his days, who had reduced the noble art of physic to hot water and bleeding. And even what was really valuable in the observations of Hippocrates, what was valuable in the principles he advocated, was lost. What has become of the "Critical days?" The men who exercised that unbounded liberty which was not trammeled by that true and fundamental principles ran riot. What were they but Communist?

Each for himself was free, a freeman; down with all laws, we are all free they shouted; nothing shall guide me but my acquirements and my study; no dogmatism will do me; talk to me, says wisdom. Liberty, of looking into nature for information, as that man Paracelsus did and your neck will be broken; are we, the learned doctors through study and acquirements, not much more wise, more powerful, and dare we not demand the liberty of our opinion, because we know much more than nature teaches us? The critical days Hippocrates talked of, are bosh and nonsense; do we now observe them, when in reality we violate all principles he taught; we learned, Liberty loving doctors, that we should believe there were days in fevers, when we dared not medicate, and others when we should do so. We do not study nature, nor nature's laws; we doctors make the laws and our opinion is, we govern nature. We know what is disease; we know by dint of our Physiology where the wrong is committed, where salts are wanting, where the *Phosphorus* is needed, where acids will correct the alkalies. That do we know by dint of study and acquirements." Are we not familiar with the entire circuit of medical knowledge? Is not our individual opinions therefore law? Are we not Communists? Do we not take in honestly, and estimate we not properly every new contribution to science? And if it suits "our opinion," we take it in, and still be Communists, and if it suits us "Pirates." If the art medical had been governed all along by just such Communistic opinions, we would never had a Hahnemann. He was the chosen instrument, by the great power that governs all, to bring order out of chaos, to call to our minds the presence of a vital force, of the *Dynamis*, which supremely rules and animates the organism; thereby setting aside and superseding all opinions that rest on that "Materialism," which ruled the art medical for twenty-five hundred years. It is this first great principle, a law of nature, and therefore a law divine, that is the corner stone of our art medical. And now for these opinions that so loudly claim "Liberty." If they are not in harmony with this great law and all its logical sequences, such opinions, if even held by learned men,

must all be false and can not be tolerated. Progress in medicine, and final certainty of medicine can only be obtained by our strict application of nature's laws, and of the fundamental principles derived from these, in forming or approving of opinions.

And finally, if we did accept the Liberty claimed for opinions, not sustained or in harmony with fundamental principles, but merely resting on study and acquirements, and if majorities do rule, where would we be? The opinions of the masses of men, well learned in all "Medical Knowledge," is pro *Materialism*, and versus *Dynamis*, and as such opinions are all against us, must we therefore tolerate them? be forever governed by these perpetually changing opinions of men so learned in knowledge medical, that nature's laws are but to them a sealed book? The question of the day, is to be sure, quite clearly just this "Freedom of opinion." And is equally as dear to every thinking man, that NEVER can there be established a cetainty of medicine, till we find the infallible principles, by them to be guided in our practice.

When case after case is related, in which such principles did most infallibly guide men to heal the sick, and when the question is so very plainly asked, is there a better way? then please be good enough to illustrate how to apply a better rule to cure the sick, what is the answer? Why, taddle,*; which solely amounts to this: We want no principles; infallible principles sound bad to learned ears, sounds unprofessional! We shall assume the name, and practice—what we please—what just in our wise opinion suits the case; we learned men are in the majority, and in good company; there are our men to boast of, Schussler, Holcombe, Hughes, Grauvogel, Drysdale, and last, not least, the sponsor of Great Schussler, comes Hering. Schussler's madness, his fitness for a certificate of lunacy, has been exposed—all to no purpose. *He* is the man who illustrates so plain, that science shows us *what* and *how* we cure. And Schussler has in all innocence, just really exposed the true condition of a man who has never accepted infallible principles, and is just gov-

*New England Medical Gazette, January, 1876, pages 31 to 38.

erned by mad opinions. Follow these leaders who pleases, follow them into Eclecticism. Without principles, true and infallible principles, there is no Homœopathy, there was, and is, and will be chaos—Eclecticism.

Women at Michigan University. By Prof. Moses Coit Tyler.

Having been in happy operation for twenty-nine years as a university exclusively for men, in the year 1870 it opened its doors in all departments for the admission of women. According to the most recent returns, one hundred and seventeen of that sex are now availing themselves of the right to university instruction thus recognized. In the distribution which they have made of themselves among the several departments, there is no little significance—four of them having chosen the law, forty-seven medicine and sixty-six literature and science. Before 1870 there were several colleges in America which had adopted the system of co-education; but all of these had adopted that system from the beginning. Michigan is the first university which, having begun its life and attained eminent success upon the old and exclusive system, then deliberately incorporated upon itself the new and more comprehensive plan. The resolution to do so was by no means a hasty one, or taken with much cheerfulness. It had been under consideration for twenty years and when adopted at last, it was adopted with no little anxiety. Our experience of five years has, I think, convinced everybody here that this anxiety was not well founded. Neither good order nor the scholarship of the University has suffered any harm from the presence of ladies in its class-rooms; while the physical disasters to the women themselves, which an eminent medical authority has of late clearly demonstrated to

be the penal consequences of feminine toil at the dry and arduous tasks of university study, have thus far strangely failed to make their appearance in this neighborhood. Indeed, the ladies here seem to thrive ludicrously well under the rugged regimen to which they have been put; and their omission to verify the predictions of an *a priori* alarm is something bordering upon the cruel. A benevolent mind observing these things can hardly do less than utter a word of kindly caution to all persons who still desire to take unalloyed comfort in the doctrine that women are not fit for universities, or that universities are not fit for women; such persons should abjure the neighborhood of iustitutions like the University of Michigan, and faithfully limit themselves to speculative data. —*Scribner for February.*

Signs of Progress.

The world certainly moves. Evidences of it are constantly coming to our notice. And the medical profession is sharing in the general benefit. Our practitioners are not moving on in the same old track. One correspondent writes, "There are 16 M. D.'s here; thirteen allopaths, two homœopaths and one eclectic. We have united together in a Medical Society and hold our meetings semi-monthly. Our President for the present year is Dr. P., the eclectic. We have been imposed on enough by a certain class of people not fond of paying their bills; so we have printed and distributed the following:

MEDICAL NOTICE.

WHEREAS, The neglect on the part of patrons to regularly and promptly adjust their bills with physicians, has increased to such an extent as to imperatively demand some course of action, in protection to ourselves and justice to our patrons, therefore, be it *Resolved,*

First, That we deem it our high privilege as well as bounden duty to obey all calls of worthy charity.

Second, That we will in no case consider it our duty to answer the call of any person who shall be known to habitually neglect or refuse to pay his physician's account.

Third, That in furtherance of the object of the second resolution it shall be the duty of the Secretary of the Society, to keep an alphabetical register of the names of such delinquents as shall be reported from time to time by the different physicians, such register to be kept open at all times for the inspection of any member of the Society, and

Fourth, That it be recommended to patrons to adjust their medical bills once in six months, and that to facilitate said adjustment, semi-annual statements of account be rendered in June and December of each year, and that in no case will an account be permitted to extend beyond the period of one year without settlement.

Fifth, That these Rules and Regulations be printed in large and plain type, and be conspicuously posted in the office of each physician of the city. Yours, T. F. S., Piqua, O.

Says another correspondent, "we have a *Black List*, (all schools united) which makes quite a book, containing 1,200 names of persons who do not pay their doctor bills, but go boxing around from one to the other in order to escape paying. Some of our most prominent citizens grace its illuminated pages, and a good many slow pays are squirming." If such a course does not shut out the worthy poor, it is the best thing that can be done. It should be imitated in every city and town in this country.

We understand that at Cleveland an allopathic and homœopathic hospital were simultaneously claimants on the public for help, and it was agreed by the friends of the two institutions to hold a joint bazaar. This they did, and the result was a net sum of $8,000 to be equally divided between the two hospitals. From a private correspondent we learn how this thing was done: "The Bazaar lasted nearly a week. We went through the whole thing without a word of difference

between the managers of the two Hospitals. All seemed to work together as though it were all for one interest, and the word 'Pathy' was not metioned. So you see the world does move. But I must add that there were no doctors allowed to have any thing to do with the enterprise. They and the clergy were set aside, and so every thing passed off peaceably. Leaving out the doctors, no quarrels; leaving out the clergy, we had a grand ball and no objections." This is not altogether flattering to the profession, but it may serve as a useful hint to others, who may go and do likewise.

Commencement Exercises of Pulte Medical College.

On the evening of the 3d, of February there gathered at College Hall in this city, as fine an audience as one often sees in Cincinnati, to witness the Commencement Exercises of the above named college. Nearly every available seat was taken and for over two hours were the seats retained with apparent interest and satisfaction. The interest of the occasion was greatly enhanced by the fact that the popular preacher, Rev. Henry D. Moore, was announced to deliver the graduation address. His theme was "The Elements of Success in Life." He referred to individual attributes, such as, good address, persistency, industry and the varied attainments of general knowledge, any one of which might lead to success. He urged the importance of a broad and liberal culture in all departments of knowledge, and believed that the most eminent success, and greater usefulness in any profession is seldom achieved by him whose investigations are strictly confined to the literature and practice of that profession. The physician, like the clergyman, should aim to comprehend human nature and so be enabled to estimate every

man's life and condition from its own plain. Broad and earnest thought, freedom of opinion and boldness in the utterance of truth, whatever tradition might urge or conventionality sanction, was placed before the young and aspiring physician as both a privilege and a duty.

Following the address came the conferring of degrees of M. D., upon twenty-seven gentlemen; as fine a class of graduates as ever issued from any college, and an address by the President of the college, S. R. Beckwith; during which a fitting tribute was paid to the memory of the Honorable Bellamy Storer, the late President of the college; and Prof. Gerhard Saàl, one of its late professors. The graduates were urged to aim high in their professional life, to remember the poor and their reward as better than gold; after which they were severally pronounced, under the laws of Ohio and by authority of the Trustees of the College to be Doctors of Medicine.

Then came the valedictory address by J.W. Clemmer, which in its production and delivery would have done honor to older heads, though it could not have been fraught with finer thought or more elevated sentiment.

Following this came the presentation of prizes. The materia medica prize, offered by Prof. Wm. Owens, of fifty dollars in cash, for the best analysis of the drug action of *Sepia*, was awarded to F. Park Lewis, of Buffalo, N. Y.

The clinical prizes were awarded by Prof. C. D. Crank, accompanied by a brief and appropriate address, as follows: First prize to J. Albro Eaton, second prize to A. N. Ballard, and a third prize to Maurice M. Hampton.

The prize for greatest proficiency in physiology offered by by Prof. Buck—a fine microscope—was then awarded. The doctor stated that he had had great difficulty in determing to whom the prize belonged. The examination showed great proficiency on the part of several candidates. From six who stood high, an extra examination cut the number down to three, and still another examination only completed that evening, ruled out Mr. Welliver, a first course student who had stood all other tests with great credit, and gave the prize to

F. P. Lewis by so small a margin over J. W. Clemmer, that it seemed to the doctor unjust to the latter, so he felt compelled to serve each alike and accordingly gave to each a microscope.

The event, however, which had set expectancy on tip-toe, was a poem by Prof. T. P. Wilson, entitled "The Romance of A Poor Young Doctor." The poem will doubtless be published.

The exercises were interspersed with fine classical music furnishsd by Currier's Band. Great credit is due to to Committee for the arrangement and conduct of the exercises. X.

Current Medical Literature.

The Popular Science Monthly, for February, gives in its miscellany a short chapter on "The Service of Chemistry to Pharmacy," and says;

"With the eighteenth century is connected the birth of modern chemistry; and while Priestly and Lavoisier are honored as having given a new impulsion to chemical theory, the Swedish apothecary Scheele will always be remembered as one who probably enriched the science with more discoveries then either of them. The three brightest names on the roll of great chemists in our century have been gathered from the ranks of the pharmaceutical profession, viz: Davy, Liebig and Dumas. But the debt owed by chemistry to pharmacy has been amply repaid; the labors of the chemist have transformed the pharmaceutical art, replacing empiricism by science, enriching the materia medica with a vast number of new substances and introducing new processes. Such old fashioned drugs as *Coral, Egg Shells* and the like were shown by the chemist to possess no other value than belongs to the calcareous salts of which they are chiefly composed. *Iodine*

was shown to be the active principle in the drug, calcined sponge; and henceforth *Iodine* takes the place of the crude and bulky residue from the burning of sponge. In the same manner *Quinine*, and *Morphine*, replaced *Cinchona bark* and *Opium*."

For a scientific journal these are remarkable statements. Is it possible that the Popular Science Monthly is devoted to the work of doling out allopathic science? Are we to understand that this journal acknowledges no chemistry or pharmacy, but such as is of the allopathic school. Does it represent science or the false teachings of Allopathy? It would interest its many readers to know this thing definitely. And here we learn that certain drugs specified have been "shown *by the chemist* to possess no other value than belongs to the calcareous salts of which they are chiefly composed." That is to say "the chemist" has shown them to possess no special therapeutic value. Is it possible that chemistry is able to do this? It was our impression that chemistry could do no more than determine approximatively what elements drugs are composed of. How it can arrive at a knowledge of the therapeutic value of those elements singly or combined is past our comprehension. In a certain compound, chemistry might determine the existence of gold and silver, but could it determine the commercial value of those substances? Could it tell if gold was at $1.10 or $1.13½. The fact that gold, in a compound, would add to the value of that compound is not a fact in any way to be derived from chemical analysis. This is a simple, self-evident proposition. No more can chemical analysis determine therapeutic values of compounds or simples. And yet this is a fair sample of Allopathic science. The therapeutist stands helplessly by and sees the chemist lay on the shelf of disuse, "such old fashioned drugs as *Coral*, *Egg Shell* and the like." And the chemist having found that *Iodine* exists in sponge, burnt sponge is laid away as useless. This makes a bad showing for old school medicine. It has no therapeutic agencies the chemist can not annul. It is to be pitied. But we know that there is something better than this chaotic condition in modern medical science. The very drugs specified have an important indispensable thera-

peutic value. The writer in the Popular Science Monthly knew this fact was held to by a large number of medical men and schools in the world, but he ignores the fact and presents an unjust view of the question. Both sides of a question may often be stated with advantage to all parties concerned. Fair play is a jewel and as rare as it is valuable.

Book Notices.

Allen's Encyclopedia of Pure Materia Medica, Vol. III. Boericke and Tafel, New York.

All our readers are, long before this, intelligently aware of the fact that this great work has already been begun. It is only necessary for us to note the rapid progress which is being made in the work of issuing it by the continued energy of editor and publisher. We have now in Vol. III, a substantial addition of 640 pages including the pathogenesis of 73 remedies, all in clear type and on heavy paper. A large number of our best known remedies are included in this volume; such as *Causticum, Chamomilla, China, Cimicifuga, Coffea, Colocynth*, etc., etc., and there's no mistaking the fact that they are especially attractive in this new dress. It certainly inspires us with new courage and with new confidence in these grand old agencies to see them looking so hopefully and pleasantly from such beautiful pages. A few needed corrections of former volumes are included in this, and the profession are invited to scrutinize the present volume and report to the editor all mistakes.

Hahnemann's Organon of the Art of Healing. Boericke and Tafel, New York.

For the third time we have this really wonderful work of Hahnemann translated into English from the German, this time by C. W. Wesselhœft, M. D. Those who know the work by hearsay only have very strange ideas about it. For nearly fifty years it has maintained a reputation both

enviable and otherwise in the medical world. The enemies of the homœopathic school have steadily been its detractors, but they have heaped less scorn upon it than Hahnemann's own followers. By a sort of transubstantiation the book has become a bone—a bone of contention and the war of words has raged fiercely over it since the day of its birth. Its reappearance seems to be the signal for the notes of war to be renewed and already signs of battle are appearing, more especially so, as the translator, in his preface, has, in the estimation of many, given the work a *coup de grace*, and sent it limping into the world. Hahnemann it seems, had no doubt of the universality of the law of *Similia*, but the translator evidently has; hence the conflict. It will be a surprise to many who look upon this work to find how small it is, only 225 pages, a matter to be devoured in a few hours. But these same readers will be surprised to find that they can not comprehend it in as many days as they are hours in reading it. It would not surprise us if this Organon of the healing art had yet its greatest work to do in the medical world. It will be left perhaps for the future to realize its full value. It will, when its true character becomes better known, be eagerly sought and read by all classes of men not to be blindly followed, but to be better understood. And we may safely leave to the spontaneous adjustment of intelligent minds, the results which this work will have on the medical faith and practice of coming generations.

THE AMERICAN NATURALIST, for February, is replete with interesting and valuable matter, and should be on the table of all of our subscribers. Terms $4.00 per year, to our subscribers $3.50, or with Vol. IV. of the ADVANCE, $6.00. H. O. Houghton & Co., Boston.

Editor's Table.

THE New York Ophthalmic Hospital report for the month ending January 31, 1876. Number of prescriptions, 2786; number of new patients, 350; number of patients residing in hospital, 35; average daily attendance, 111; largest daily attendance 164.

LAST year our subscribers received a beautiful premium picture of Hippocrates. This year our premium is a reduction of the subscription price for Vol. IV., commencing in May, to two dollars and fifty cents cash in advance.

DR. PETTET'S directory of the homœopathic physicians of all the states and territories will soon be issued. A guaranteed edition of 5,500 will be sure to reach the entire profession.

WHEN we offered Raue's Record and the ADVANCE for $4.50 we had no expectation the demand would be so great. It leaves us no margin for profits, but we are bound to stand by the offer.

DR. N. B. COVERT, of Geneva, N. Y., was taken by surprise by his many friends on a recent birth day and made happy by congratulatory speeches and sundry presents.

W. D. LINN, M. D., died at Middletown, Ohio, Feb. 8th, 1876. He was one of the most earnest, energetic, able and enthusiastic exponents of homœopathy in Southern Ohio. A popular and successful physician, he was truly a representative man of our school and devotedly attached to his profession. Had he been less kind hearted and generous; less willing and ready to respond to every professional summons; he might not thus early have succumbed to the fell destroyer, acute phthisis. There was no night too dark, no weather too inclement, no storm too severe, to deter him from promptly responding to a call. He never demanded his fee in advance or even inquired into the circumstances of his patient. His duty was to relieve his patient, and that accomplished and the charge on his ledger, he thought no more about it. He was what is popularly called "a poor collector," but the thanks of the poor were rich compensation for him. He was 36 years of age at the time of his death. He was educated in, and spent most of his life in his native county. He early caught the patriotic spirit during the late war; enlisted forty men and received his commission as second lieutenant in the 11th Ohio Battery, serving in the Missouri campaign under Gen. Free-

mont. He was attacked with measles in camp and like many others under allopathic treatment, disabled by the sequelae, and compelled to resign. On returning to his home he entered the office of J. B. Owens, M. D,, of Lebanon, Ohio, in 1865. He entered practice as a partner of Dr. Owens, his preceptor; whence he removed to Middletown in 1869. As an instance of the success attending his unremitting labors at the latter place, there were eight allopathic physicians in full practice when he went there, and two the day he died; while he leaves four homœopathic physicians to fill his place—*three of whom are his own students.*

The writer retains a very pleasant memory of him during his college days as an universal favorite. His funeral was attended by a large number of his professional brethren; and he was buried by the I. O. of O. Fellows, of which he was a member.

" No further seek his merits to disclose,
Or draw his frailties from their dread abode,
(There they alike in trembling hope repose)
The bosom of his Father and his God." H. C. ALLEN.

CONTENTS.

J. P. GEPPERT, PR.

CINCINNATI MEDICAL ADVANCE.

T. P. WILSON, M. D., GENERAL EDITOR.

VOLUME III. CINCINNATI, O., APRIL, 1876. NUMBER 12.

All business communications, relating to the MEDICAL ADVANCE, should be addressed to DR. T. P. WILSON, 223 W. Fourth Street, Cincinnati, Ohio.

THUS endeth the third volume of the Cincinnati Medical Advance. Thus have we together passed three years rapidly, pleasantly and profitably. And while we lay down the last of this year's task feeling that no bitter words have been spoken, no spot on our fair pages to bring to any heart a sense of pain, so we hope to take up the task of the coming year and carry it through to its completion with no word written in it which "dying we could wish to blot."

How can a physician best practice medicine so as to make money? This question is of special importance to the larger part of our readers. It must be discussed if we have to do it ourself and we have considered the matter at some length. But we now invite a reply from those who have had practical experience in this direction, first from those who have been in practice and succeeded in accumulating some wealth; secondly those who have worked like dogs (the figure is none too strong) for years and have failed to make more than a living and a poor one at that. We want the causes that lead to such diverse results. Give us the benefit of your experience. Why have you failed or succeeded as the case may be?

Hooray! An intimate friend of ours has unexpectedly become an L. L. D. He writes, "Laws is sick and I'm his doctor." And this lucky dog isn't married; has no wife or children to share in his promotion. Go to!

Rev. Robt. Collyer of Chicago, in a recent sermon in this city said of the well known Methodist minister, Bishop H——, that he had one eye on the White House and the other on Heaven. Clearly a case of diverging strabismus of at least 180°, unless the two places are much nearer together than we have reason to believe. Will the case admit of an operation?—Later, we are informed that the Bishop said Haven instead of Heaven. Does this lessen the divergence?

DREADFUL! isn't it that nothing can be done except in view of the probable approbation or condemnation of some "higher authority"? It appears that a medical college can not give two courses of lectures in a year without being threatened with excommunication.. Our Chicago contemporary thinks the American Institute had better take the case in hand. He ought to know, for is he not Corresponding Secretary of that honorable body? Good! he should be made General Manager of Medical Colleges. He would soon teach us that we don't know how to manage our own affairs. However we presume after all the Institution is not half so foolish as is its Corresponding Secretary.

IF the practice of medicine had already attained perfection it would be competent for a man thoroughly versed in it to write a text book and perfectly proper for every body to implicitly follow the teachings found in such a book. How far this is from being the true state of the case every body knows. As we advance we modify constantly our modes of practice. A text book is the opinion of one man and gives his views up to date that is all. In order to fully find the status of the profession on any given subject we would have to get as many text books almost as there are wide awake intelligent men in the profession. We can not do this but we can approximate it. It was in this direction we were working when we asked our readers to tell us how they treated membranous croup. We received a few answers and they were of value, but we should have received a half hundred, unless, in the opinion of our practitioners the teachings of the text books are complete and satisfactory. Take any other disease of importance, say typhoid fever, we have on our shelves the well considered views of a half dozen men of our school. Now the question is, Is there any thing better on the treatment of that disease known to our readers—known to men who would not, could not write a text book, but who, perhaps, could give important information on this subject; information of much greater value than can be found in the books? Do not these men owe it to the profession, to humanity, to let us have an insight into their experience and views? A comparison of this sort, showing how variously diseases are treated by those even who follow the homœopathic law would no doubt occasion surprise but it would unquestionably be of the greatest

possible value to our young practitioners who, if they be alive to the interests of their patients, are eagerly pouring over the journals for practical suggestions. Now we offer the subject of typhoid fever for short practical information from our readers. We don't want long disertations on any thing, but something of value, and not to be found in the text books. Readers give this your attention.

Schuessler for Ever!! By Dr. Ad Lippe, Philadelphia.

It has been our desire to impress upon "the province of the thinking mind of reasoning men" that Dr. Schuessler has himself illustrated (and who could do it better) that what he calls his discovery of the twelve tissue remedies must lead to hallucinations first and later to "lunacy."

But the irrepressible spirit of pressing infallible "opinions" of fallible mortals on the profession, has led one of the faithful friends of this lunatic schism to put the burden of the paternity of the tissue lunacy on "Hahnemann himself." Vide Hahnemannian Monthly, February, 1876, page 333. There is to be found a professedly accurate account of the proceedings of the Philadelphia Homœopathic Medical County Society, and one of the "debaters" is reported to have said:

"Regarding the tissue remedies it may be affirmed that though the idea has been much abused—and what good thing has not?—still Hahnemann gave it to us, all praise to him for his far sightedness, his depth of penetration, which discerned in the future such progress that his then advanced views must at some time be generally accepted; that while opinions necessarily differ, facts still remain the same. Who gave us our *Calcarea* and *Silicea* for bone affections, *Phosphorus* in diseases of the nerve tissue, and many other similar remedies, but Hahnemann?"*

*Not a word of all this do we remember to have heard at said meeting.

When Hahnemann gave us *Cal. car.* and *Sil.* as remedies acting on the bones, when later we found *Fluoric acid* acting similarly with *Sil.* on the bones, when all this was the result of first the provings of the drugs, and later the observations above stated were the result of the clinical experiment under the strictest homœopathic law, these observations were "sequences," logical deductions from observed facts. The great Dr. Schuessler who must be shown off as developing homœopathy is now charged with "progress." Schuessler's logic is quite different. That man tells us "Glaubersalt is an elasticity conditioner because the *Sulphurous acid natrum* is found in the fish bones and cartilages of men, and that these two tissues possess the quality of elasticity, and now therefore being an elasticity conditioner it (Glaubersalt) would correspond with the cellular pathological condition of an œdematous swelling of the skin. This is no more absurd then the quack advertisement quoted long ago, wherein H. Lamplough, 113 Hollow Hill, London, says: "In scarlet fever the blood loses saline constituents and the pyretic saline restores the blood to its natural healthy condition." The neglect to read the Organon, causes all these confusions of "opinions." In the foot note to the first paragraph of the Organon, Hahnemann deprecates in the clearest of language, the habit of concocting so called systems of certain empty vagaries and hypotheses of the inner obscure nature of the process of life, or the origin of disease; or a mass of abstract phrases intended for the astonishment of the ignorant, while suffering humanity is sighing for help. Hahnemann, the father of the tissue remedies! The tissue remedies belong to the Materialists! Where are the mental symptoms of these materialists—why, nowhere!—and why? A materialist has no mind!

There is scarcely a page of Hahnemann's writings on which we do not find sentences entirely opposed to Schuessler's lunacy, and we can only admire the audacity with which the merits of Schuessler are now persistently illustrat-

We understood the debater to condemn Schuessler roundly, but suspect his sponsor to have forced this trash on the profession.

ed by such absurd talk as we have reluctantly quoted. Hahnemann, the herald of Schuessler! Hahnemann is praised therefore for his foresightedness, his depths of penetration, which discerned in the future such progress. Hahnemann says in paragaaph 24 of his Organon: "So there remains no other manner of applying drugs, in the cure of diseases, but the homœopathic method, in accordance with which, we select a drug to meet the totality of symptoms of the case of disease, which drug should possess the power and inclination in a higher degree than any other (of all drugs known and proved with regard to their tendency to alter the feelings of a healthy person,) of producing an artificial morbid condition most similar to that of the natural disease." It surely requires a vast amount of assurance to deduct from so clear a statement, the foresightedness and a depth of penetration which discerned in the future such progress as would annihilate the first principles of homœopathy, but that under that assumed name the idea of tissue remedies would be substituted. In paragraph 70, of the Organon, Hahnemann tells us, "All that a physician may regard as curable in diseases, consists entirly in the complaints of the patient and the morbid changes of his health perceptible to the senses; that is to say, it consists entirely in the totality of symptoms through which the disease expresses its demand for the appropriate remedy; while on the other hand, every fictitious or obscure internal cause and condition, or imaginary, material, morbific matter are but a vague dream." A vague dream, a hallucination, and if still further abused as Schuessler has seen fit to do, in utter disregard of homœopathic principles, it becomes a lunacy. And if there is any truth in Homœopathy, no progress in science can ever reveal to us the internal cause of disease and show us that the material morbific matter causes or is produced by disease.

If in scarlet fever the blood is supposed to lose saline constituents, and that the pyretic saline restores the blood to its natural healthy condition, then Schuessler, his sponsor and all the sponsor's lieutenants are right and Hahnemann is wrong. To illustrate the "lunacy" of Schuessler & Co., let

us look at scarlet fever for a moment. It has been our duty to attend many cases of that disease during various epidemics. As now, we see in Louisville, Ky., a Hahnemann homœopath conquer the enemy without losses, relying upon Hahnemann's teachings, without the aid of Schuessler or Lamplough, so, many years ago, have we conquered also and we then one of the early pioneers, cured all our cases, guided solely by the teachings of the master. The epidemic we treated in Cumberland County, Pa., (Carlisle,) in 1848 and 1849, and in which we were signally successful, did not resemble any former or later epidemic we came in contact with, and therefore required just such remedies as each individual case indicated.

While then *Anim. carb.*, *Capsicum*, *Kali carb.* and *Silicea* were the most frequently indicated remedies; in alater epidemic it was necessary to resort to *Lachesis*, *Lycopodium* and *Nitric acid;* in still later epidemics *Arum tri.*, *Apis* and *Sulphur* came much oftener in demand. Where would we have been looking for, and what success have those men who still look for fictitious and obscure causes? And what success have men who report on diphtheria, and say: "I have nofaith in a high attenuation of any remedy in this disease!"

Men who consider this a question "of faith" are surely behind the age. Now I shall here take occasion to state (not boastfully) that in the year 1859 there were treated by myself in the town of Carlisle, Pa., over 150 cases of scarlet fever with the 200th and higher potencies exclusively—mortality—none. The allopathists lost over 90 per cent and the survivors were crippled for life. If this man who has no faith, will repair to that town, he may hear of it—will he then give a colleague the lie direct? His assertion amounts to it; he might as well say, Every physician who says he cures all his cases of diphtheria or scarlet fever with high attenuations, makes statements in which I have no faith. Will these men become less arrogant and less insulting? If they cure all their cases, then let us talk of the comparative duration of treatment. Better for these thoughtless but insolent writers to inquire from Dr. Breyfogel, in Louisville, Ky.,

what attenuations he used and what his views are of Homœopathy, that they might do likewise and not go astray to follow Schuessler or pick up the rags of the Physiological School, or accept the opinions of any other "Pretender."

Theory and Practice.

Sanitation. A Lecture delivered in the Popular Scientific Course, at Pulte Medical College. By Prof. C. C. Bronson, M. D. Part Second.

When we turn our attention in another direction, and look at the shops, and work-rooms, of many tradesmen, if the evidence is to be believed, they are found, most fertile generators, or aggravators of consumption.

The workman, sacrifices to Plutus as well as the employer; or perhaps it would be more charitable to say, he is under the same necessity, or even a more imperative obligation of supplying himself, and family, with clothing and food. The attainment of the means of living, the aim, though health, morals, and life, are sacrificed in the acquisition. The evil extends through a wide range of trades, but exhibits itself in a manner more marked, and conspicuous, among those of sedentary occupations.

Milliners, dress-makers, tailors and shoe-makers, appear to be peculiarly unfortunate.

Many of the beautiful garments, worn by the fashionably dressed portion of the community, are in too many instances, fabricated, under circumstances, pitiable to contemplate; the history, embracing in its surroundings, and results, the positive, comparative, and superlative degrees, of discomfort, disease, and death.

One would hardly expect to find this demon of bad ventilation, spreading his vulture wings, over the bright waters of our inland seas, where every breeze of air blown, should be, one might suppose, but the breath of purity itself.

But, I can not forget an incident, coming under my own observation, while making the trip of the lakes, the past summer.

The superb steamer, on which we were voyaging up Lake Superior, in all its majestic proportions, seemed a model of marine architecture: the well ventilated, white, and gilded cabins, choice paintings, soft carpets, and rich furniture, was elegance itself. In the enjoyment of all this luxury, surrounded by the sublime, and ever changing aspect of sky, and water, island, and distant shore; the hours as they past, were simply a delight. But a rude shock, was given to this selfish enjoyment, when one morning, I was called, as a physician, to visit a sick sailor in the forecastle. Descending a perpendicular ladder, deep down in the forward-part of the vessel, in a small, triangular space, unprovided with proper means for the admission of fresh air, and crowded with some dozen men, I found the object of my visit. The heavy, fetid, unventilated atmosphere of the place, interfused with exhalations from human lungs and skin, was nauseating in the extreme; and to remain in it, without the risk of suffocation, was nearly impossible. And on my eseape, it was a long while before I got rid of the horrid taste, and feeling of contamination. This experience, though transient, has left a painful impression on my mind, of the miseries, to which every class of the working population subject themselves, either from their own ignorance, or that, of their employers. Let the principle be recognized, and acted upon, that we have no right, to exact the sacrifices now made—let means be taken, by the enlightened, to provide efficient, and practical remedies, for the relief of those, who toil on land, and sea; and who feed the ever multiplying resources of the world, at the behest of necessity, of luxury, or taste.

Next to the want of pure air, we may consider the want of pure water.

A prominent cause of disease, and demoralization, is the lack of a steady supply, and free use, of this indispensable element. Efficient drainage, and sewerage, depend on a copious supply of water; streets, alleys, and yards, can not be kept properly clean without it; and for want of the free application of water, thousands of the population, are dirty, and filthy in person, and habitation. In crowded districts, where every room, of nearly every house, is separately tenanted, a scarcity of water, results in inevitable uncleanliness. The labor of descending long flights of stairs for water, to fetch it from a common hydrant, is too great to admit of a free, and sufficient use, of the precious fluid. Two or three instalments of under-clothing, are often washed in unrenewed water, which then, instead of being thrown away, is used in scrubbing the floors, and stairs. Hence noxious exhalations, and the foul smells, which cling to the abodes, and the persons of those, to whom the epithet of the "great unwashed" has been applied. When people become accustomed to dirt, when its presence is either unperceived, or unfelt, then ignorance stifles the disposition to improve; and there is no check, or limit to the downward tendency, to the lowest depths of degradation; and apart from their horrible physical contamination, their moral pollution, is conspicuously displayed. Let any one perambulate, certain portions of our own city, along the wide, well shaded, and cleanly street, he will see many stately mansions, splendid with carving, and plate-glass; let him observe the characteristics, of the dwellers in these fine abodes; and then extend his explorations, just beyond the rear of the serpentine walks, and well kept grounds, to the back streets. A striking contrast shall meet his observation. In one, he sees the home of opulence, and silken ease, in the other locality, every degree of squalor, poverty, and crime, have found their habitation. The baleful influence, which such a locality must necessarily produce, can not be walled in, nor the atmospheric pollution, confined, but spreads, and if not of itself, the cause of disease, unquestionably aggravates its effect a hundred fold,

when disease is once induced. How is it that people who possess the power to control, and change these conditions, can be content to live their daily life, expand themselves in intellectual, and domestic enjoyment, and pour out their hearts with loving sympathies, while such an accumulation of putridity lies almost beneath their feet? If the nuisance was beyond abatement, possibly it might continue to be endured, but the remedy is as simple as the evil is offensive. An ample supply of pure air, and water, the forced application of sanitary rules, and in extreme cases, one of our modern "fills" might be accepted with satisfied complacency. When called to apply the rule of right doing, in cases like these, it is well to remember that, although liberty of the individual is an American's privilege, it is not to be tolerated, to the prejudice of the common weal.

In addition to the vitiating causes already indicated, the monster-smoke nuisance, in many of our towns, and cities, is a pre-eminent cause of discomfort. Wherever the fuliginous vapors abound, there vegetation languishes, in many cases perishes, the deadening influence, extending even to the outlying suburbs. That which is fatal to vegetable life would, by analogy, be hurtful also, to animal existence.

The purest air of large cities, conveys to a person fresh from the country, and in a normal state of health, a sense of suffocation. In rainy and damp weather, this feeling is experienced by town dwellers themselves. The reason of this is that the carbon of the smoke, then becomes saturated, and sinks, and the subsidence of the murky canopy, prevents that ventilation, which in clear weather, takes place in a greater, or lesser degree. The further effect of this carbonaceous overcharge, in these busy seats of manufacturing interest, whose inhabitants, above all others, require, energy, activity, and spirit; is to depress the industrial barometer in proportion to the aerial sur-charge, and debasement. But, the working population are not the sole sufferers.

All other classes, by this nuisance of excessive smoke, are laid under physical, and pecuniary taxation; occasioned, eith-

er by careless indifference, or ignorance, which is equally culpable. The wear, and tear of linen, and the expense of washing, is increased to all who live within the range of the mismanaged chimneys. Here in Cincinnati, for example, linen will be as dirty in one day, as it would be, ten miles away, in a week. All this could be prevented, and health, and comfort promoted, if enlightened selfishness even, which at present, is so greatly misdirected, would permit the use of proper smoke consuming apparatus. The loss of heat, by the present mode of the combustion of coal, is fully 5 per cent. Putting the physical, and economical advantages, against the "interests," there is no valid reason why such a nuisance should not be abated. But opposition is strong, whether based on selfishness or ignorance; and the greatest good, of the greatest number, must be conquered, inch by inch, from short-sighted opponents. As an instance in point many will remember, how determined, and fierce was the opposition, to the removal, of the foul bone-boiling establishments, that infested some of the fairest districts of our city not many years ago.

It would far exceed the limit, of this, or many lectures, to speak at length on all the causes, that deteriorate health, to the prejudice of private economy, and public interest. The subject is a fertile one, socially, physiologically, and commercially.

We have found time, to speak of three only, of the essential grievances, more strikingly, and palpably obnoxious. The conclusions are not to be disputed that, a two fold necessity would seem to exist, for the purification of air, in all the large centers of population, seeing, that not only are the lungs of such communities, most commonly defrauded of their fair, and natural quantity of oxygen, but the water is deteriorated in quality, by absorption of impurities from the atmosphere.

It is a well known fact, that deterioration of the air, and water of towns, consists in more than the increment of carbonic acid, it is also due in a large degree, to their becoming intermingled with the organic matter, which all animals

throw off in expiration. Condensed breath from the inside of windows, in crowded rooms, has been collected, and submitted to chemical analysis.

When allowed to stand for some time, it was observed to form, apparently, a thick gelatinous mass; on this being examined by the microscope, it was seen to be a closely matted confervoid growth; or in other words, the organic matter, was converted into conferva; as it probably would have been converted, into any kind of vegetation, that happened to take root. Between the stalks of the conferva, was to be seen vast numbers of greenish globules, constantly moving about, these were a specis of volvox, and were attended by numerous monads, many times smaller. From these demonstrations, the conclusion is irresistible, that the pollution of air in crowded rooms, and unventilated halls, is really owing, not to carbonic acid merely, but, organic matter, as well; and that this, may be collected, from the lungs, or breath, and from the walls of crowded rooms, indifferently, that, it is capable of decomposition, and becoming attached to bodies in an apartment, it probably does decompose, more especially, when assisted by moisture.

It is worthy of remark, that, even after many days of rain this organic matter, may still be detected in the atmosphere, and water, of a city.

In the phenomena presented, we have seemingly a glimpse of one of the manifold operations of natural chemistry; and it would be interesting to learn how it is, that these conditions favor the development of fever, or whether the diffusion of ammonia in the atmosphere, by facilitating the evolution of organic particles, in hot weather, has any part in the promotion of epidemics. Whatever else is in doubt, however, one thing is certain, that whenever epidemics do occur, it is found that, impure water, bad air, and the effects of overcrowding, are powerfully predisposing causes, to their propagation. And when these fatal elements are combined, like the ingredients in the "hell broth" of the witches' cauldron, the contagion plays and riots with human life, as the wild winds of the equinox, with the fallen leaves of the au-

tumnal forest. What adds force to this statement, is the well known fact, that simple removal to a healthful situation, with a change of air, and water, frequently of itself affects a cure.

From what has been said, it will readily be seen, that dirt, danger, disease, death, form an alliterative series, fraught with highly important considerations; being costly, as well as a crime against the laws of our being, they compel the attention of the political economist, as well as the sanitarian. The conclusions we have drawn can not be disputed, for a very slight acquaintance, with the history of medicine, coupled with that of some knowledge of political economy, will satisfy all the inferences, as to cause, and effect.

Ample confirmation is afforded, by the annals, of every people whatsoever, that their well-being, and advancement, depended not less on obedience to the laws of sanitation, than to laws of a political character. This truth, the ancient Romans, with their practical good sense, seemed greatly to understand; and took measures, extraordinary for the period in which they lived, to maintain the standard of public health.

According to Livy, "Appius Claudius advised, and constructed the first aquaduct for the supplying of Rome with water, 553 years before Christ." Strabo says that "baths were early introduced into Rome, by Macenas, from Greece—where they had long been in use; and that, at one time, the number of these public edifices in Rome, was 1000—one of these was so spacious, that 3,000 bathers at one time could be accommodated." Thus—

> "The wily Greek subdued his conquering foe;
> And taught rude Rome the arts of peace to know."

Under Cæsar Augustus, the city of Rome, was laid out into blocks of a specified size, and the law required that, the space of five feet, should be left, between one house, and another, for the circulation of fresh air.

"When the Spaniards first invaded Peru, and Mexico," says Mr. Prescott, "they were much astonished to find that, the "barbarians" as they called the natives, were far advanced in those social arrangements, commonly considered,

as inseparable from modern civilization. Aquaducts, carried over hill, and valley, for several miles, bore abundant streams, wherever luxury, or necessity required. In the city of Mexico alone, a thousand persons were said to have been daily employed, in watering, and sweeping the streets; so that a man—to borrow the language of an old Spaniard—could walk through them, with as little danger of soiling his feet, as his hands."

If arrangements such as these—the arts of peace—were made the subject of special attention by the ancient Greeks, and Romans, and by the barbarians of America in early days, how little excuse have we, for neglecting sanitary measures, in this, our more advanced state of enlightenment. How much is involved in the great question which we have here so briefly endeavored to discuss. All human interests, are in some way concerned. Legislative policy, political economy, the amenities of civilization, are unsound, and imperfect, unless based on true social economy. Education without sanitation, must be of necessity unsatisfactory, and inefficient. It is not easy to elevate minds familiarized with squalor, and filth. There is an essential interdependence between physical, and moral purity.

There is much in the question to interest, and task the restless spirit of invention, and enterprise, which now as ever, characterizes the American people. The meteorologist, by his studies on temperature, and climate, may render valuable service to the physician, and sanitarian, in framing an extended code, of the laws of health. The mechanician, the engineer, the artisan, will here find scope for their highest ingenuity; we want the best, and simplest modes of building, of fitting interiors, of constructing streets, and of warming, lighting, and ventilation. All these are of prime consideration, waiting their realization, in some coming Newton, of sociology. All human sympathies may find exercise in the work, for happily our hands are less fettered now, than heretofore, and to some extent, we have outlived the notion, that the calamitous results of human error, and social ignorance, are the direct, and inevitable inflictions, of providence, to be

submitted to, with Mohammedan stoicism, and fidelity. The philosophy of cause, and effect, has cleared the question, of many of its difficulties; and we can but trust that, far reaching views, will be combined in the solution, with soundness of judgment, and promptitude of action.

To this point, unless all experience be fallacious, we can only arrive, by means of the combined, ameliorating influences, of education, and sanitation.

Cancer following Tetter (Chronic). No Benefit from Homœopathic Treatment—Removal by Caustic—Recurrence and Death within one Year of the first Appearance. By E. Beckwith, M. D., Muncie, Ind.

Mrs. L., aged 61, married, mother of two children, nervo-phlegmatic temperament, short and very fleshy, no hereditary tendency to cancer, supposed inherited tendency to heart disease. Had been subject for several years to a chronic itching eruption on the upper extremities and around the waist, "tetter." as she called it About the beginning of 1875 she noticed then, for the first time, in the inferior outer border of the right breast, a small tumor, which gradually increased in size till about the first of April, when she called on me for advice and treatment. At this time she was apparently in good health, no appearance of cancerous cachexia, no discoloration of the skin, but on the contrary, very healthy color and appearance generally. No pain in the tumor, except at times a slight feeling of soreness along the pectoralis major. The tumor was about the size and shape of a hen's egg, quite hard, smooth, movable, not adherent to gland, integument or muscular structure, but apparently situated in the fatty tissue and over lapped by the breast; which was large and had to be raised to expose the tumor. At this

time there was no discoloration of the skin over the tumor, but there was at the end of three months, the time she passed from under my treatment, but the size of the tumor remained about the same. At this time there was some complaints of slight lancinating pains, but they were not a prominent symptom and I don't know that she spoke of these pains more than once or twice during the three months I had her under treatment. There was no implication of the axillary glands, some retraction of the nipple, but the mammary gland was very little if at all implicated. At my last inspection of the tumor, there was slight redness and adherence of the integument over it.

The treatment (I report from memory) was *Sulph.* 200 on account of the disappearance of the skin disease after I had called her attention to it, she recollected that she had not been troubled with "tetter" for a good many months and perhaps a year before she observed the tumor.

After *Sulph.* she took *Baryta carb.* 30, *Conium* 30, *Carbo. an.* 30; about four weeks each, a dose every alternate night. Under the use of *Baryta and Conium*, I thought there was some diminution in the size of the tumor, but very slight; more noticeable under *Conium*; at least there was no increase in the size of the tumor during the time she was taking these remedies; which were all that I gave, and these were prescribed somewhat empirically, as there was no morbid symptoms, save the tumor, to select from, she being in the best of health, save occasionally a little soreness in the right pectoralis major, worse from using the arm at one time in trimming shrubbery in the yard, for which I gave a dose of *Arn.* 200. During the last half of June the patient and friends became very impatient on account of the non-disappearance of the tumor from internal medication. I began to consider the propriety of removal by the knife and before resorting to this cause I considered it advisable to take counsel, inasmuch as the husband of the lady was a prominent lawyer of some notoriety in hunting after suits and who, I was certain, would bring suit for mal-practice if there was any possible chance to claim damages, and inasmuch as the patient had had some

symptoms pointing to heart trouble (such as a sensation as if the heart stopped beating while asleep and caused her to spring right up in bed and grasp for breath) I felt some doubtful about the safety of administering anæsthesia so I described the case and this particular heart trouble, by letter to Profs. Franklin, St. Louis; G. D. Beebe, Chicago; S. R. Beckwith, Cincinnati, J. G. Gilchrist, Detroit, with the following replies:

"In view of the case mentioned, I have no doubt that you have either carcinoma *ab initio* or enlargement degenerating into carcinoma secondarily, and would advise extirpation early. Your treatment throughout, has been good, but I do not believe that internal medication alone, will effect a cure. I can see no good reason why *Sulph. Ether.*, should not be given at the time of operating. If I was performing the ablation from present knowledge, should unhesitatingly give the anæsthesia." E. C. FRANKLIN.

"Hard nodular tumor in the breast not undergoing functional excitement nor produced by injury, with lancinating pain, not constant, involving the true skin, which is discolored, could scarcely exist with non-malignant growth. If non-malignant, should expect good results from *Conium* and *Phytolacca*. Supposing it to be malignant (and it certainly looks suspicious) I should advise early removal, and by after treatment endeavor to prevent redevelopment. With the history and circumstances stated, I should apprehend trouble from general anæsthesia. *Chloroform* and *Ether*, both depress the heart action, *Chloroform* most. I think local anæsthesia could be successfully used in this case."

G. D. BEEBE.

"The tumor is, in my opinion, malignant, probably scirrhus. This opinion is based on the supposition it arose without any injury, in a healthy person and discolored skin. Should think it advisable to remove the breast at once. The delay in operating is the cause of failures; but few cases are cured by removal, if they wait too long, while many cases occurring in persons otherwise healthy can be cured by early removal." S. R. BECKWITH.

"The tumor case is one of interest, certainly, but a prognosis, in the nature of things, difficult. I very much doubt the existence of cancer in spite of retraction of the nipple. The hardness of scirrhus, is a stony, incompressible feeling, with immobility of the growth; ulceration may accompany fibroid growths, which are not as hard as scirrhus, but have a sort of elastic compressibility and are more or less mobile. If you should decide it to be a cancer, do not allow a knife to come near it. Extirpation will only hasten a fatal termination and the secondary deposits will cause much suffering, which she will otherwise be spared, even if a cure can not be effected. The fact of its not increasing in size is a good indication and should alone give you encouragement, as these growths, if fibroid, frequently have been extracted by the ulcerative process when *Silicea* will heal the ulcer. I should make every effort to continue the case and discountenance any operative measures. In regard to local anæsthesia I think you will find it perfectly satisfactory if made with the spray of *Rhigoline.* The remedies I would suggest are *Silicea* and *Lachesis.* If lipomatous, you will not be disappointed in *Baryta. Conium* is good for fibrous or glandular tumors of that locality. *Hecla Lava* is indicated in exostosis and osteo-sarcoma; *Lapis Alb.* I know nothing about, but its indications seem to be for scirrhus solely."

J. G. GILCHRIST.

I had from first seeing the case made a guarded prognosis, but as I was somewhat in doubt about the diagnosis, I therefore wrote to the above mentioned prominent surgeons, for an opinion, which was very promptly and pointedly given, as you see in their replies.

She was sent away to the cancer infirmary of Dr. Wm. Clark, at Berea, Ohio, where she spent sixteen weeks under his treatment, from which place she returned home about the 20th of November last. The following morning I was called to see her. A great change from her former healthy appearance to a pale, emaciated, feeble wreck, scarcely able to walk across the floor, and suffering from great and constant dyspnœa, increased by the least exertion; even moving

her arms. Her complexion had changed to a sallow, earthy hue. I gave her *Ars.* 6th, every two hours. Was called again in the night, as she was worse about midnight *Ars.* 200 was given the remainder of the night. Seven a. m., no better. *Verat. Alb.* was given on account of cold face and cold sweat on the forehead, and a sensation of constriction of the chest, which gave no relief.

Lachesis 200, every two hours produced a marked abatement of all the symptoms and we decided to continue the *Lachesis*, which with quiet and rest removed all of the symptoms save sleeplessness at night. Heart sounds normal. In place of the tumor was a large cavity, about two inches in diameter; showing a healthy granulation on the lower margin of which was a small lump about the size of a pea, which continued to grow as the cavity healed and contracted regularly. This lump was hard, movable, not painful and seemed fixed in the skin, but in all respects identical with the old tumor.

But it continued to increase slowly in size as the cavity healed and no tendeney to ulcerative or phagedenic action. The patient was, in every respect, quite comfortable, could walk up and down long flight of stairs, walk out and ride out without any difficult breathing, appetite and sleep quite natural and regular, But it seems that it was foreordained, that the last remnant of that tumor must come out by the plaster and paste process, and as Dr. Clark was unable from some cause to come, they sent for another cancer doctor who lived near and could come and treat her at home. She had been under the last treatment about a week when I was summoned, Jan. 11th, 1876, in great haste, to her bedside which I had scarcely reached and she was dead. She awoke that morning feeling comfortable as usual; about 8 o'clock the "cancer doctor" paid his visit, removed the remains, as he said, of the cancer, reapplied the dressings and in a few minutes after, the dyspnœa set in, and within half an hour she died. I saw the patient for the last time, alive, on Christmas day (eighteen days before her death) in company with my friend, Dr. J. A. Compton, of Indianapolis, who examined

the patient as to the condition of the heart, and found nothing abnormal; and after examining the breast from which the tumor was removed, said "*I don't believe there was ever any cancer there.*" Dr. J. T. Boyd's examination also detected nothing abnormal about the heart. I also made repeated careful examinations of the chest, but detected nothing abnormal. Unfortunately no post mortem examination was allowed, consequently we are left in doubt as to the immediate cause of death. I would say that her vitality was reduced very low and her nervous system very much depressed from pain, suffering and loss of rest as well as great mental anxiety, consequent upon the caustic treatment, but from which she had recovered considerably the last time I saw her. During the last week of this treatment she was kept somewhat under the influence of *Morphine.* Whether this had anything to do with hastening the end, I am in doubt. I have reported this case almost entirely from memory and somewhat disconnectedly and at much greater length than I anticipated when I began. Thinking it might be a matter of interest to the readers of the ADVANCE.

Cardiac Hypertrophy from Aortic Stenosis. By W. P. Armstrong, M. D., Paris, Ill. Part Second. Diagnosis and Treatment.

It is of especial importance to distinguish between this form of enlargement and that produced by violent exertion or excessive labor in a constrained position, as the latter form, which is not at all rare in iron manufacturing and mining districts, is not by any means an incurable disease when taken before the valves have become involved. The two may be distinguished by the fact that in the last named, the exertion spoken of, is known to be or to have been present

as a probable cause; the pulse is fuller and shorter, and the murmur characteristic of the former is absent. The signs found upon percussion are the same in each.

In hypertrophy from aortic stenosis, the apex will generally be found below the fifth intercostal space, usually about the sixth, and to the left of its normal position, sometimes even beyond the left nipple. Its beat is violent enough to be communicated as a shock to the ear by the stethoscope. The heart pulsations are felt by the hand as a full, strong, prolonged heaving, raising the chest walls to a considerable extent, and are rather diminished in frequency from the normal standard; so that the pulse is small, strong, wiry, yet compressible and prolonged. Auscultation reveals a murmur which is systolic, and which may be heard over the carotids, over the upper part of the sternum and a little distance to its right or left, or frequently all over the heart, even with intensity at the apex and beneath the ensiform cartilage, but its distinguishing feature is that its maximum of intensity is at the lower margin of the second right costo-sternal articulation. If this last fact were not borne in mind it might easily be mistaken for a mitral regurgitant murmur, which is also systolic, but in the latter the maximum of intensity is at the apex, and we have also the prominent pulmonary symptoms peculiar to it.

The aortic obstructive murmur is to be distinguished from that found as a consequence of anæmia, and which is also systolic and has its maximum of intensity at the aortic opening, by the fact that the latter usually occurs during youth, most frequently in girls; by the other signs of anæmia being present; by the short, quick, compressible pulse, and by the absence of the other signs of hypertrophy, as the extended dullness on percussion, the change in location of the apex beat, the powerful, prolonged heave, etc. In aortic stenosis the aortic second sound is diminished, in consequence of the weakened recoil.

After dilatation has set in to a considerable extent, the symptoms are of course greatly modified. The apex beat is now still lower down and further to the left, and does not ex-

hibit so much power in its movement, although the heart seems to be struggling violently. Percussion shows the area of dullness greatly increased, both laterally and longitudinally, the pulse is weaker, but still prolonged as before, frequently with irregularity; an occasional halt as if the heart were waiting to gather strength for its effort: and there is palpitation on exercise; but auscultation reveals the same characteristic murmur as in pure hypertrophy.

Prognosis. The prognosis as to time is decidedly favorable; the patient, with care, frequently living a great many years with tolerable comfort, even when the aortic orifice is very much constricted, the hypertrophy or compensatory growth continuing good. The ultimate result, however, must be death. Even if the patient in the mean time dies of some other disease, the cardiac lesion has doubtless had much influence in producing a fatal result by reducing the vitality.

Treatment. The treatment with such a prognosis, must be eminently unsatisfactory. A cure is impossible and the only results to be hoped for, are,

1st. The preservation of a sufficient amount of strength in the heart walls to enable them to properly perform their functions.

2d. In the last stages, the removal, to a greater or less extent, of the consequences of the disease, as dropsy, dyspnœa, etc.

The patient should avoid all long continued exposures to cold and should not engage in any violent exertion, but should have an abundance of moderate exercise in the open air, and should eat only that food which is nutritious and at the same time easily digested; in fact just that care should be taken which will insure the highest degree of digestion and muscular development, without in the least over taxing the heart.

He who has a simple hypertrophy of the left ventricle from aortic stenosis, without either palpitation or irregularity of the heart beats, and with no other symptom of disease, needs no medical treatment. When, however, any other disease manifests itself, as, for instance, indigestion, that should be

removed as soon as possible as it tends to weaken the general muscular tissue, and with it the heart itself. Such diseases should be treated, not by stimulants as such, but by whatever remedy is homœopathic to the given case; and to attempt here to lay down any definite treatment would be utter folly.

The first sign of weakness of the heart walls is palpitation on exertion, and it is a warning which should not pass unheeded. If no other disease is discoverable as the cause of this symptom, such remedies may be used as have a special affinity for the heart structures. Among these may be mentioned, *Badiaga*, *Cactus*, *Digitalis*, *Nux Vom.*, *Spigelia*, *Spongia*, and the serpent poisons.

Badiaga produces palpitation from any elating thought and in this it is said to be the remedy par excellence, but it yet remains to be seen whether this is a nervous palpitation only, or that which comes from cardiac debility. It should be better known.

Cactus is indicated when there is a sensation as if an iron hand were grasping the heart, preventing its movement, and by palpitation worse while walking and at night when lying on the left side. General sensation of constriction in throat, chest, heart, bladder, rectum.

Digitalis is called for when there is great irregularity, weakness and intermittency of pulse. Also in later stages, profuse expectoration of bloody mucous and vomiting of food. Scanty urination.

Nux Vomica is of great benefit, not only by promoting more vigorous digestion when indicated by the condition of that function, but it undoubtedly exerts a very decided action upon the muscular tissue, as shown by the many cases of prolapsus uteri that have been cured by it. Besides experience has many times shown its efficiency in dilatation as well as in nervous palpitation. The patient is worse after a full meal, in the morning on waking, after loss of sleep and in cold, damp weather.

Spigelia has violent palpitation, with or without painful stitches in the region of the heart, worse when bending the

chest forward, on rising up, on raising the arms and in the afternoon.

Spongia is very useful where the pulmonary symptoms are prominent; especially if the patient suddenly starts up from sleep during the night, with great fright and fear of suffocation. He can not lie down in the after part of the night in consequence of the excessive dyspnœa.

It is particularly indicated in people of a light nervous organization, with very fair skin, light hair and blue eyes. It is said to have removed many murmurs, but they were likely mitral.

Lachesis. Palpitation with fainting and anxiety. Palpitation and choking from the slightest exertion. Constrictive sensation in region of heart. Irregularity of heart beats. Worse after sleeping.

The dropsical symptoms may be relieved to some extent by *Arsenicum* or *Apis Mel.* In the terrible dyspnœa of the last stages, *Apis* or *Spongia*, as indicated above, will perhaps give most relief.

TYPHOID FEVER and typhoid pneumonia prevailed quite extensively last fall in this (Syracuse, N. Y.) vicinity, and when the whisky treatment was adopted, such cases were characterized by a remarkable fatality. No such fatality attended their proper homœopathic and hygienic treatment, as was known from experience. It is simply absurd to dose sick people in any case with powerful and poisonous drugs. But in typhoid fever, which is characterized by prostration, it is most absurd and idiotic to persistently dose the patient with whisky, brandy, quinine and morphine mixed with beef-tea, and then imagine that all has been done that is possible to promote recovery. A recovery in such cases is almost miraculous, because it is accomplished in spite of the treatment. From every quarter comes the same report, that a very large proportion of the cases thus treated prove fatal. What if the stimulant does temporarily raise the pulse? When the dose is omitted the pulse becomes so much the weaker. The theory that alcohol is food is a very mischievous one. It ar-

rests waste and repair. Proper food contains nitrogen. Alcohol is a carbonaceous substance. The apparent strength given by alcohol is very fallacious. It irritates and excites nervous force but to depress and exhaust that force. Artificial excitement is always followed by corresponding vital depression. But the resulting depression is generally ignored. Instead of removing the cause of fever, which is usually blood poisoning, whisky aggravates the difficulty by serving to carbonize the blood already surcharged with carbonic acid gas. This is adding fuel to the fire. But even if the patient does recover, he is liable to die a drunkard. Syracuse contains about a hundred physicians to fifty thousand inhabitants, or one physician to five hundred people. If every doctor, on an average, prescribes whisky for his patients half of the time, how long will it take temperance societies to suppress the liquor traffic? H. V. MILLER.

Current Medical Literature.

North American Journal Homœopathy for February, 1876. This number is chiefly taken up by P. P. Wells, M. D., on Scarlet Fever. It is an exhaustive and valuable treatise, and should receive very careful study from every young practitioner, and from those who desire to get at the true principle of practice upon which the homœopathic school is built. The relative values and special indications for the use of *Belladonna*, *Bryonia*, *Stramonium*, *Sulphur* and *Lachesis* are clearly discussed.

Scarlet fever, as it is still called, and as it is now met, stands in the list of those acute diseases most to be dreaded in prac-

tice, as well for the fatality which follows it as for the power it possesses of bringing into activity whatever of latent miasms may exist in the patient attacked, the workings of which, when so aroused, we are called to meet under the name of "*sequelæ of scarlet fever*," a proper treatise on which is still a desideratum in our literature. At present, however, we have to do with the fatality wrought more directly by the action of the scarlet fever poison itself. If observed with only a little care, it will be seen to be destructive of life, so far as its effects are localized, chiefly through the brain and throat. It may be doubted, indeed, whether those cases which fall so suddenly before the attack, that dissection reveals no changes in the appearance of those or other organs, from the state regarded as healthy, are exceptions to this rule. In our attempt at a further consideration of the subject we propose to treat it with this view, and to consider those cases which prove fatal through assaults on the brain as presenting two classes: First, those which are characterized by symptoms of toxication; and second, those which present more distinctly signs of inflammation of the brain or its membranes; third, those which are marked by the localization of the disease more especially upon the throat and the parts adjacent.

This division is made solely with reference to convenience in treating of the disease in its relation to remedies. For though the problem before the prescriber is always one and the same thing,—to find the curative for the given case—and though this problem is, on the one side, primarily composed of two elements only,—the patient and the action of the morbid poison—the first of these elements is so subject to change from hereditary miasms or accidental causes that the results of the action of the second, though it may or may not be an identity, are ever varying. Though in this, as in every other case of disease, we have to do with the *sick man* in our endeavors to cure, and not with a *thing*, the result of the action of this mordid poison on him, which we call *scarlet fever*, still the *sick man*, by his hereditary or accidental constitution, is liable to show almost an infinitude of variety

of results from the action of this poison upon him. And hence, in this, as in all other diseases, the necessity still exists for that strict individualization which we ever insist on when prescribing for the sick. It is in the peculiarity of these results, in an individual case, that we are to look for the phenomena, the counterpart of which is to be found in the pathogenesis of some drug, before the practical problem of a curative can be solved. So that when, for convenience, we divide the consideration of our subject into classes according to the characters or the seat of the localization of the more important phenomena of the case, we are not to be understood as regarding these local phenomena *as the disease*, or in any way giving countenance to the silly idea that "*the disease has gone to the brain*," as is often said, or "*to the throat*;" but as cases modified by these changing elements demand different remedies, it facilitates the finding of the true one in a given case if we can properly narrow down the limits of the inquiry among drugs by such a classification as is founded on the more important phenomena of cases to be prescribed for.

To this extent generalization is legitimate. But if the process of examination stops here, if it do not pass to the individualization of each member of the class to be prescribed for, then, for all the purposes of finding the true curative, the classification is not only useless but mischievous.

It must then be apparent, we believe, if these views of the disease and its relations to remedies are correct, that the whole idea of finding a *specific* for the whole *family* of scarlet fever is a sheer absurdity, and the practice, so general, of treating almost all cases, at least in the outset, regardless of the individualities, with one drug, is wholly unworthy of a school of medicine which claims to be a school of individualization, and that its practice is one of specifics, based on this, in each individual case. And more, this must be clear, that this practice, if persisted in by the members of our school, must be a fraud on the public, and a crime of no less gravity than the persistence of practicing on false pretences—a crime, in comparison with which false pretences in trade are less reprehensible, in the ratio that property is less valuable than life.

Improved Method of Applying the Micro-spectroscopic Test for Blood Stains.

By Jos. G. Richardson, M. D.

The value to medical jurisprudence of spectrum analysis as employed for the detection of dried blood is so fully established by the researches of H. G. Sorby, Dr. W. B. Herepath, Professor A. S. Taylor, W. Preyer, and others, that it seems unnecessary for me to do more than state that the demonstration of the two dark bands in the green caused by scarlet cruorine (hæmoglobin), such as that contained in a recent blood stain, enables experts to discriminate positively blood from other red coloring matters soluble in water, whether mineral, vegetable, or animal, except an extract of the red feathers from the *Turacus albocristatus*, a bird found in the East Indies, and quite unknown on our continent of America.

Valuable as this test is thus seen to be, there are, unfortunately, several circumstances which limit its general application, as, for example, the changes in the constitution of hæmoglobin which occur from prolonged and frequently from comparatively brief exposure to the air, the modification of the absorption bands caused by the presence of other substances, and last, but not least in many instances, the difficulty of procuring sufficient material for experiment. The insuperable nature of this latter obstacle will be at once appreciated when I mention that whilst the smallest amount which Sorby, Herepath, and Taylor furnish direction for testing is a spot "one-tenth of an inch in diameter, or a quantity of the red coloring matter amounting to no more than one thousandth part of a grain," the important stain upon an axe-handle supposed to have been used in a murder I am now investigating probably weighed less than one three-thousandth of a grain when entire and uninjured.

The exigencies of this case have led me to seek out some other method than that of Mr. Sorby, who recommends that a solution of the suspected coloring matter should be made in a few drops of water contained in a cell composed of a piece of barometer-tube half an inch long and one-seventh of

an inch in diameter. After numerous experiments, I contrived the following plan, which, on trial, proved satisfactory beyond my most sanguine expectations, enabling me to reveal the presence of blood in a quantity of matter only one one-hundredth the amount directed by Mr. Sorby.

Procure a glass slide, with a circular excavation in the middle, called by dealers a "concave centre," and moisten it around the edges of the cavity with a small drop of diluted glycerine. Thoroughly clean a thin glass cover about one-eighth of an inch larger than the excavation, lay it on white paper, and upon it place the tiniest visible fragment of a freshly-dried blood-clot (this fragment will weigh from one twenty-five-thousandth to one fifty-thousandth of a grain). Then with a cataract-needle deposit on the centre of the cover, near your blood-spot, a drop of glycerine about the size of this period (.), and with a dry needle gently push the blood to the brink of your microscopic pond, so that it may be just moistened by the fluid. Finally, invert your slide upon the thin glass cover in such a manner that the glycerined edges of the cavity in the former may adhere to the margins of the latter, and, turning the slide face upwards, transfer it to the stage of the microscope.

By this method, it is obvious, we obtain an extremely minute quantity of strong solution of hæmoglobin, whose point of greatest density (generally in the centre of the clot) is readily found under a $\frac{1}{4}$-inch objective, and tested by the adjustment of the spectroscopic eye-piece. After a little practice it will be found quite possible to modify the bands by the addition of sulphuret of sodium solution, as advised by Preyer.

In order to compare the delicacy of my plan with that of Mr. Sorby, a spot of blood one-tenth of an inch square may be made on a piece of white muslin, the threads of which average one hundred to the inch. When the stain is dry, ravel out one of the colored threads and cut off and test a fragment as long as the diameter of the filament, which will of course be a particle of stained fabric measuring one one-hundredth of the minimum sized piece directed by Mr. Sorby.

When the drop of blood is old, a larger amount of material becomes requisite, and you may be obliged to moisten it with aqua ammonia, or with solution of tartrate of ammonium and protosulphate of iron; but in the criminal case referred to, *five months* after the murder, I am able from a scrap of stained muslin one-fiftieth of an inch square to obtain well-marked absorption bands, easily discriminated from those produced by a solution of alkanet-root with alum and those caused by infusion of cochineal with the same salt.

In cases of this kind, where the greatest possible economy or even parsimony of material is needful, I would advise the following mode of procedure for proving and corroborating your proof of the existence of blood, so that its presence in a stain may be affirmed with *absolute certainty.*

From a suspected blood-spot upon metal, wood, leather, paper, muslin, or cloth, scrape with a fine sharp knife two or three or more minute particles of the reddish substance, causing them to fall near the middle of a large thin cover. Apply in close proximity to them a very small drop of three-fourth per cent. salt solution, bring the particles of supposed blood-clots to its edge, and proceed as I have already directed.

After thus examining the spectrum of the substance, you may generally, by rotating the stage, cause the colored fluid to partly drain away from the solid portion, wherein, under favorable circumstances, should the specimen be blood, the granular white blood-globules become plainly visible, as do also cell-walls of the red disk. Among the latter, if your mental and physical vision is keen enough, you can by the aid of a $\frac{1}{25}$th immersion lens and an eye-piece micrometer measure a series of corpuscles accurately enough to discriminate human blood from that of an ox, pig, horse, or sheep.

Lastly, to make assurance triply sure, lift up the thin glass cover, wipe off the tiny drop of blood solution and clot you have been examining on the folded edge of a thin piece of moistened blotting paper, let fall upon it a little fresh tincture of guaiacum, and then a drop of ozonized ether, which will at once strike the deep blue color of the guaiacum test for blood.

In this way I have actually obtained these three kinds of evidence, to wit, that of spectrum analysis, that of the microscope, and that of chemical reaction, from one single particle of blood, which, judged by a definite standard, certainly weighed less than one fifteenth-thousandth, and probably less than one twenty-five-thousandth of a grain.

Mr. Sorby claims to be able to demonstrate the absorption bands from a single red blood-corpuscle, and W. Preyer, advises no more delicate mode than making and examining a solution in a watch-glass, I feel justified in offering my method to microscopists and medical jurists, as an improvement in the ordinary and facile application of spectrum analysis to blood-stains, by which this important test is rendered at least one hundred times as delicate as it has hitherto been when employed according to the directions of the highest British or Continental authorities, thus enabling us to detect a recent blood-spot on white muslin covering one ten-thousandth of a square inch and forming a speck scarcely visible to the unassisted eye.

General Clinics.

MACROTYN IN DELIRIUM TREMENS AND OPIUM EATING.—By Geo. B. Palmer, M. D.—1. Experience in delirium tremens.—At the Cleveland Homœopathic College during the session of 1855 and 1856, Dr. Palmer was one of the provers of *Macrotyn*, an alkaloid of actea recemosa. The result of these provings suggested to the doctor's mind the intimate relation of this drug to mania-a-potu and in delirium tremens it has always been his chief remedy. In such cases, almost without exception, it promptly controls nervous excitability,

restlessness and wakefulness, producing grateful rest and sleep. Dose first trit. one or two grains in from one to three hours.

2. The habit of opium eating.—In one case a patient having discontinued the use of *Opium*, complained of sleeplessness and a "crazy feeling" (secondary symptoms). *Macrotyn* promptly removed these symptoms. In other cases it succeeded almost like magic in removing the excitement, trembling and prostration following the use of opium as secondary effects. After taking *Macrotyn*, another constant morphine-eater for fourteen years, at once reduced her dose of morphine two-thirds without the usual train of bad symptoms previously experienced whenever she had attempted to reduce the size of her dose. And in another case after discontinuing the use of opium, a patient had in consequence severe convulsions and was almost entirely unconscious. *Macrotyn* promptly cured. After two weeks treatment she declared herself entirely cured of the desire for *Opium* and every way better in health than she had been since she commenced the use of *Opium* two years previously. And she remains well with no desire for the drug.

Intermittent Fever in Harlem.—By T. Franklin Smith, M. D.—In thirteen years experience the doctor has had satisfactory success in the treatment of these fevers with homœopathic remedies. When patients are very impatient, he prescribes *Chinodine*, followed in a few days by *Ipecac* 3. Case unsuccessfully treated with *Quinine;* promptly cured by *Natrum Mur.* 200. The remedy most frequently indicated in his practice is *Arsenicum*, which promptly cures when the paroxysms are irregular, the three stages are not clearly defined, and when there is great thirst which is easily satisfied with a little water.

Cases from practice.—By George B. Palmer, M. D.—Case 1. Diabetes insipidus. *Podophyllin* 1st. A boy of nine years, of good appetite but pale and thin in flesh, had great thirst and his urine was frequent, profuse and clear as water. He urinated immediately after drinking. His stools were light colored from deficient bile. *Uranium Nit.*, *Argentum*

nit., *Arsenicum*, *Phosphoric acid* etc., were tried without benefit. *Podophyllin* I suggested by the light colored stools, three doses a day, cured in a week.

Case 2. Diabetes mellitus. *Podophyllin* 3. A male child one year old, very pale with no teeth cut through, was very thirsty and troubled with frequent and profuse urination. Test indicated sugar. He urinated immediately after drinking. His bowels were constipated and the stools were white as chalk. *Calcarea carb.*, *Uranium nit.*, and various remedies were tried without benefit as before. *Podophyllin* 3 cured in ten days. Characteristics of *Podophyllin*: Chalk stools, urinating immediately after drinking, and profuse and frequent micturition.

Coffee Case.—By T. L. Brown, M. D.—On the 28th of November, 1875, I attended Mrs. S., a healthy woman in her first confinement, when she gave birth to a plump and healthy child. In a few days she arose from her confinement in a good condition. Nine days after the child began moaning and crying with very little intermission, continuing for two days and nights. At noon of the second day I was called to treat the child for the crying. After one hour of close examination of both child and mother, I reached the cause by asking the following singular question. Speaking to the mother I asked. "What do you desire most?" She replied, "I want a cup of coffee." "Have you been drinking coffee during the past few months?" "Yes, until the other morning when mother said I must not drink it longer as it would dry my milk and oblige me to wean my child. Since then I have not taken coffee." I then requested her to take at once a cup of coffee, another at tea, and continue the use of coffee as she had previously done until further orders. At seven p. m. of the same day the child fell into a twelve hour sleep, with after freedom of the crying. I gave no other advice or remedy.

Three cases of *Neuralgia* cured with *Cedron* 2c., reported by Robert Boocock, M. D., was read as a verification of the value of that remedy in neuralgic affections.

A case of *Traumatic Epilepsy and Paraplegia*, cured by

Arnica 200, by R. B. Sullivan, M. D., member of the House Staff of the Homœopathic Hospital, Ward's Island, service of H. D. Paine, M. D., visiting physician.

A case of *Aneurism* of the *Adominal Aorta* by Duncan Macfarland, M. D., member of House Staff of the Homœopathic Hospital, Ward's Island, cured by *Gallic acid* and *Ferri, sub. Sulph.*

SULPHUR AND PHOSPHORUS.—Dr. Hawley.—A phosphorus cough is characterized by tingling, soreness and rawness in the air passages, but a sulphur cough is caused by a tickling sensation. He had often verified the following indications of *Phosphorus* and *Sulphur:*

Phosphorus: Small wounds bleed easily. A scratch bleeds and it seems as if the bleeding would never stop. Cord-like, light colored stools passed with difficulty. The feet feel hot to the patient, yet they may be objectively cold. *Phosphorus* is often suitable for diseases of tall, slim people.

Sulphur: Faint feeling in the stomach; patient can not wait for dinner. Hot vertex, hot palms and hot soles. The patient complains of hot vertex, yet it may or may not be objectively cold.

DR. BREWSTER.—Case of bronchitis with dry, hacking cough, worse during the day. *Phosphorus* high, cured.

DR. MARKS.—Hoarseness curable by *Phosphorus*, is worse at night.

DR. HUTCHINS.—Had never been disappointed when he had prescribed *Phosphorus* in congestion of the lungs. He generally gave *Aconite* at the commencement of the treatment.

Dr. Greeley often prescribed *Sulphur* to arouse the slumbering vitality, when apparently indicated remedies fail. (It doubtless removes from such cases the concealed scrofulous element that proved to be an obstacle.)

Dr. Miller often prescribed *Sulphur* in various diseases, particularly those of infants when the palms and soles are hot. When they have a fever, those parts are often the hottest. There may be hot vertex. If there is a diarrhœa it is usually excruciating and it is worse very early in the morning.

Sulphur is to be thought of in pneumonia, second stage, when there are crepitant rales. He often used it in acute nasal catarrh and in bronchitis. A sulphur cough is often worse at night in bed.

He used *Phosphorus* chiefly in affections of the larynx, trachea and bronchia, characterized by a sensation of soreness or excoriation when coughing or talking. In hoarseness and aphonia, the soreness and painfulness of the larynx prevent talking. In croup and bronchitis, the cough is very painful on account of this soreness and sensation of excoriation in the larynx, trachea or bronchia. And the cough is dry from tickling in the throat or chest. A phosphorus cough is often aggravated by cold air. These indications of *Phosphorus* he had often verified.

Dr. Miller reported the following cases:

Case 1 *C*horea. C*alcarea carb.* 30. A girl of sixteen had been treated allopathically several weeks without much success. The patient has light hair and complexion and blue eyes and always had cold, damp feet. Cure in three weeks.

Case 2. Right lateral curvature of spinal column, lower dorsal region, *Calcarea carb.* 200, and recumbent position. Patient had cold, damp feet.

Case 3. Mrs. P., of mild disposition, with light hair and complexion and blue eyes, had for six years been troubled with eczema capitis, appearing first on the occiput. This was suppressed with tar ointment. The tetter then appeared on the external ears and in the meatus auditorius, a dry white scaly itching eruption; after scratching exuding a sticky moisture. When the eruption was out, her general health was better. When nursing, she had sore nipples. Then a dry, white, scurfy eruption surrounded the nipple. *Graphites* 30 two or three times a day was followed by a steady improvement and a cure in four weeks.

Case 4. Herpes Zoster. *Graphites* 30. Severe neuralgic pains in parts affected, preventing sleep at night.

Case 5. Ascites with moist tetter. *Graphites* 30. Three years ago, Deacon H., 81 years of age, had ascites with a moist tetter of the legs from which exuded a glutinous fluid.

The epidermis was exfoliated. This remedy two or three times a day, with *Saccharum Lact.* substituted at intervals, made a perfect cure of both dropsy and tetter in three months and the patient has been quite well ever since.

Dr. Marks had with *Calcarea carb.* cured two cases of hydrocephalus in children of scrofulous constitution, large heads, open fontanelles, profuse head-sweat and protuberant abdomen. One case of chronic prurigo and chronic diarrhœa of a child; stools whitish; teeth crumbling from decay; emaciation.

Also with *Graphites*, he cured a case of salt-rheum on the hands which were dry and cracked but sometimes moist with a glutinous exudation,

Dr. Garrison, with *Graphites*, had improved a case of eczema capitis in a rather corpulent lady. Her hair fell out and there was a sticky exudation. There was much mealy scurf and *Arsenicum* high completed the cure.

Dr. Hutchins. Glandular hypertrophy and induration of the breast. *Calcarea carb.* 5m.

Dr. Schenk. Eruption and sore nipples with gummy exudation. *Graphites* cured in three days.

Dr. Hawley. *Calcarea carb.* Severe obstinate cough, worse lying down. Cold damp feet. Dyspnœa on going up stairs. Appetite poor. No sleep at night on account of the cough. Six powders; one at night.

In the orphan asylum with *Calcarea carb.* he had often cured scrofulous ophthalmia of children with ulceration of the cornea, distended abdomen, light hair and complexion and blue eyes.

After the ulceration of the cornea is healed, a cicatrix is formed constituting opacity. Sometimes this opacity persistently remains. *Graphites* is the remedy.

Graphites is often suitable for leucorrhœa's of fat women. If the leucorrhœa be thin and watery, it may or may not be profuse. It has less pruritus than *Calcarea carb.*

With *Calcarea carb.* he had often cured leucorrhœa with pruritus. Leucorrhœa, white, not thick, milky. The menstrual symptoms of these remedies are opposite. He had often

verified the mental symptoms of *Calcarea carb.*—afraid of going crazy, or that people will think the patient is crazy. Also in consumption, the patient complains of feeling very tired.

Calcarea carb. 200. Convulsions of little boy with light complexion and blue eyes; stools white as chalk; belly like a big pumpkin; croupy.

Dropsy and liver complaint after scarlatina. *Calcarea carb.* Indications—head-sweat during sleep; stools hard, egg-shaped and white, great straining.

Dr. Tytler—Case 1. Nocturnal diarrhœa. *China* 1st.

Case, 2. Cerebral hyperæmia, *Belladonna* 1st. Patient delirious thirty hours; with difficulty could be restrained from getting out of bed and going around; constantly talked of being away from home and seeing old friends, some of whom had been dead some time; frightful visions of animals; face rather flushed; pulse 96, strong and full; some thirst; pupils not much dilated; delirium arrested in two days.

Dr. Allen recommended *Rumex crispus.* Special indication, changes of temperature, on going into cold air. He also recommended *Lachesis,* indicated by sensitiveness of the larynx on palpation.

Dr. Boocock used *Rumex* only with those quite advanced in years, cough rough and loud; had had better success with *Phosphorus.* Gives *Causticum* with prompt results when slight emissions of urine accompany the cough.

Dr. Dunham regarded *Rumex* as a prompt and efficient remedy. If he failed to secure results, he believed he had mistaken the potency. Characteristics—Cough provoked by change from warm to cool, or cool to warm. Any change in the rythm of respiration would induce the cough. *Causticum* finds its characteristic indications in the peculiar sensation of inability to effect a deep inspiration, "can't cough deep enough to give relief," used *Rumex* both high and low, with *Causticum* the 200th. Dr. Boocock referred to *Lobelia*; indications—feeling as if a band about the chest with an irresistible desire to cough.

Dr. Boocock inquired of the Society the proportion of dis-

eases of the lungs near the sea, compared with inland.

President Holden—The United States Census gives a large increase of those residing on the coasts.

Dr. Allen observed that persons with pulmonary troubles among inland residents were markedly benefited by sea air, while the reverse was equally true.

Dr. Wright—For this very purpose the American Institute is striving to obtain mortuary reports from various parts of the State. The United Census reports are unreliable; almost worthless in this particular.

Dr. Moffat inquired what influence the northern winds on Lake Ontario had upon the mortality from consumption?

Dr. Kenyon—The mortality from consumption is less than in other portions of the State. In the county of Cayuga the deaths from consumption were 25 or 30 in excess of Erie county, and the same applies to the remainder of western and northern New York

Dr. Hand stated that in Berkshire county the statistics revealed the fact that one-half the deaths resulted from consumption.

Dr. Dunham believed in the relation of climate to tubercular consumption that it involved questions more complex than the mere change of climate. By way of illustration he related a case that was transferred from Brooklyn to the southern slopes of the Highlands, making possible, changes in mode of life, away from city, away from school, away from friends, permitting regular hours of sleep, exercise on horseback, fresh, clear atmosphere, etc., resulting in a complete restoration to health.

Dr. Boocock referred to the large mortality among miners; spoke of the effects of coal gas as a producer of catarrhal and pulmonary diseases, of the chemical change wrought in coal upon exposure to the air and that in the mining districts of England the habit of the miner is to store his coal in large quantities under his dwelling.

Dr. Kenyon stated that he meets with cases every week of a catarrhal nature, that leaving Buffalo, find immediate relief by a residence in New York city and *vice versa.—N. Y. Hom. Medical Society.*

TRANSLATED GONORRHŒA.—Mrs. C., supposed herself troubled with leucorrhœa and took an injection of alum. The solution was a strong one and quickly did its work. Suppressing the discharge within a few hours. Soon acute ovaritis set in on the left side, for which she received treatment for months, without benefit. After her arrival in this city, the case was diagnosed "Translated Gonorrhœa" and treated as such. Pond's extract was given in ten drop doses three times daily and by vaginal injection, morning and night. In ten days she was much improved and at the end of six weeks was well. I should not forget to say that her husband fully concurred in the new diagnosis. E. C. BECKWITH, M. D.

Another Victim of the Nasal Douche! He writes: "I had an attack of cold in the head, an aggravation of my catarrh, and on Thanksgiving morning I used the nasal douche. Before night I began to have a pain in my right ear and it was soon so severe that I lost all my pleasure of eating at the dinner hour so that I didn't thanksgive worth a cent. I had an awful night, but by hot applications I was better next day and gradually grew better, but I have almost entirely lost my hearing in that ear. Now what must I do?"

Answer—Fortunate you are that the inflammation did not go on to suppuration and give you a much worse time than you had. The thing to do is to never use the nasal douche again. Advise all your friends to avoid the instrument as dangerous. Your best remedy is to inflate the ear with a Politzer bag. Do this repeatedly every two or three days. It will doubtless improve though it may not entirely restore your hearing. An intelligent physician can show you how to use the instrument. T. P. WILSON.

Book Notices.

Nasal Catarrh. By L. D. Morse, M. D., Memphis, Tenn., pp. 72.

We give hearty welcome to this little work for it meets more or less a general and pressing want of the profession. Anything that can efficiently help us to treat this unusually troublesome and prevalent complaint should be received with open arms. Dr. Morse does not dogmatise about the matter of treatment; he shows the fruits of his teachings in the copious extracts which he makes from his clinical book. We suggest the work may be judiciously enlarged so as to cover more ground with greater detail of pathology and treatment. Price One Dollar.

The Eustachian Catheter. A reprint from the Medical Investigator of 12 pages. By C. H. Vilas M. D., of Chicago.

A *brochure* of this sort is of some value doubtless to the general practitioner, showing him what he can not do, and should not try to do. It is of special value, introducing the author as a well informed specialist, and of doubtful value, bringing to the notice of the public some "improvements" presented by the author. We can hardly venture to say of it, that what is good in it is not new, and what is new is not good; but will leave to the judgment of the profession the adoption or rejection of the proposed changes.

Angell on the Eye.

This well known work has now fortunately fallen into the hands of those excellent publishers, Boericke and Tafel, who have issued a "fourth and enlarged edition." It would please us better to be able to say "improved" edition and so perhaps it is, but not in the direction most needed. In the economizing of plates already stereotyped the work is a success, but the introduction of 28 starred pages does not give a fine typographical effect. The thing wanted was not an explanation of the anatomy and physiology of the eye so much as better therapeutic indications. The work is sadly deficient in treatment and must always be unless it is wholly re-written or supplemented by some other work that shall supply the needed information. And this latter is just what is going to happen as we learn through

private sources. Until then we may take Angell's work as the best we have and excellent in many respects.

THE AMERICAN JOURNAL OF MICROSCOPY for January and February. This Journal seems to be rapidly gaining public favor and is deserving of the patronage of all our subscribers whether they possess a microscope or not.

THE AMERICAN NATURALIST for March, contains many valuable and interesting articles, Lubbock's observations on bees and ants, the Origin and Development of Museums, etc.

Miscellaneous.

The Social Evil. By J. J. Quinn, M. D., Health Officer, Cincinnati, O.

Among the sources of danger to health must be ranked brothels. These are not only dangerous to the health of some of the present generation, but entail disease, misery and premature death upon beings still unborn.

The subject engaged the attention of the Board of Health as early as 1868, when an enumeration of houses of ill-fame was made. A bill was also prepared by the Board about that time, and forwarded to the Legislature, for the better regulation of the evil. No action, however, was taken upon the proposed law. In June and July of the following year an inspection aud re-enumeration of houses of prostitution was directed and the result presented in the health report for 1869-70. From that time until about the beginning of the present year, when another inspection and enumeration

was ordered by the Board, no other interference with these houses by the sanitary officers was attempted. The result of this inspection and enumeration was not made public, as it was thought no possible good and much harm might follow its publicity. Soon after this, an ordinance was introduced into the City Council for the regulation of the "social evil," but failed in its passage.

How to deal with the "social evil" has been a problem which has puzzled moralists and civil authorities. The toleration of the evil under special regulations, or the licensing of houses of ill-fame, has been tried by municipal governments and met with the approbation even of moralists; but the reports of the results of such experiments have been very different.

The only argument I could ever conceive in favor of the legal recognition of the evil, is the possible protection of unborn infants and the encouragement of healthy, vigorous constitutions for coming generations. Prostitution has been regarded as a crime in all civilized ages and nations, and as a crime only should it be considered. If the crime brings its own punishment, it should arouse little sympathy for, and form no just cause of complaint from the culpable parties. But while this is true, efforts should be made to prevent the spread of a loathsome disease, the taints of which will descend to the innocent children, and children's children of the guilty. But can this be done by the licensing or regulation of brothels? I think not. Without entering upon a full discussion of the subject, I believe the opposite has been established by the experiments which have been made. This may be because all efforts in that direction have considered only one sex as likely to spread the contamination, and been made to apply to that sex alone. If these houses are to be regulated at all, not only the inmates, but the visitors and patrons should be subjected to the same surveillance. If a record be kept of houses of ill-fame, and the real or assumed names of their occupants, keep also a record of the names, occupations and residences of the male visitor; and if the one record is to be open to public inspection, let also the other be.

The true method of viewing this subject is to regard the evil as a great wrong, a crime against the individual, a crime against society, a crime against coming generations of men and women, and as such aim at its entire suppression. It is no argument in favor of its recognition or toleration, much less its indirect encouragement by law, to say that it is impossible to suppress it, and that it should therefore be regulated. The same might be said in regard to murder, theft and other crimes. Because murder has been committed in ages past and will be in all coming time, is no reason why the law should prescribe under what circumstances and in what manner murder may be committed.

If the evil can not be entirely suppressed, it would seem possible to lessen the extent both of the crime and its physical consequences. The prevention of "street walking," or the practice of abandoned women plying their vocation in the public thoroughfares, and enticing youth and others into their homes of iniquity, could surely be accomplished. This would save many a one who, but for this mode of advertising the evil, might lead a virtuous life, from moral ruin. And if a law was enacted requiring, under heavy penalties, every physician to promptly report all venereal cases coming under his treatment, that they might be forced into hospitals for care until the danger of contamination was past, it might afford more protection to unborn children than periodical examination of the inmates of houses of ill-fame.

Homœopathic Mutual Life Insurance Company.

We are pleased to note that our Homœopathic Mutual Life Insurance Company has just completed a very successful year's business. It has "*increased its members, income, amount of insurance, invested funds*, and the *surplus security to policy holders;*" while it has "*decreased its death losses.*" In the latter item it commences the Centennial year with a clean slate, hav-

ing not a single *unpaid death claim* on its books. Notwithstanding the tightness of the money market in some places, the *new business* of 1875 was twenty per cent greater than in 1874. The officers have the thanks and deserve the assistance of the profession for the prompt and satisfactory exhibit just issued. Another very important item in the management of a company so young is, that both in 1874 and 1875 its *Death Losses* have been paid by its *interest receipts*. LOW MORTALITY AND SOLID GROWTH appear to be the features which attract attention at once. The Company is more solicitous about the character of their risks, than the volume of business and the number of policies issued. *Quality* being once secured, *quantity* will naturally follow. The low rate of mortality, less than three-quarters of one per cent in 1874, and less in 1875 than in 1874, evinces great care in the selection of lives insured, and demonstrates not only the superior efficacy of Homœopathic treatment but the ability of Homœopathic physicians to make scientific medical examinations. This is a fact of no small moment to the profession, when it is borne in mind that several prominent life companies will not accept the certificate and examination of a Homœopathic physician; not because he is incapable of making a first class examination, but because he is a Homœopathic practitioner. These same companies are only too ready to avail themselves of the Homœopathic physicians in securing their wealthy and intelligent clientage; but when the examinations are to be made, "The company has appointed Dr. ———" who never happens to be a Homœopath. The managers appear to fully appreciate their responsibility to the profession, and the statistics they have from time to time issued, have been of great assistance in advancing the cause and demonstrating the superiority of the Homœopathic system of medicine. The increased longevity of life, Homœopathically treated, being once firmly established and placed in the statistical tables of the official reports of State Insurance Departments on a basis where it is impossible to disprove it; how much smoother will become the pathway of every Homœopathic physician. This is the object for which the company was organized, and the officers are ably and honorably rendering to the profession an account of the trust reposed in them. Here is an opportunity for the broadest reciprocity. The dollar is not all on the side of the company. The statistics issued for public distribution, will make a good financial return to those who take an interest in furthering its success. This is the only *life company* which has persistently "nailed its colors to the mast." It is Homœopathic in name and object, and deserves and should receive the active co-operation of every Homœopath. Every physician can do something; either take out a policy on his own life, or induce some friend or patron to do so. If every physician would secure one policy during this Centennial year, what a grand report would be made Dec. 31, 1876. Will each of our readers contribute his mite? We can assure them it will be appreciated and duly acknowledged.

Fallacies of Testimony. By W. B. Carpenter, LL. D., F. R. S.

I might pile up instances of visual illusion, for example, in which the subject would be ready to affirm without the slightest hesitation that he sees something which greatly differs from the object that actually forms the picture on his retina; his erroneous interpretation of that picture being the result of a prepossession derived from antecedent experience. I could show, too, that the same picture may be interpreted in two different modes: a skeleton-diagram, for example, suggesting two dissimilar solid forms, according as the eyes are fixed on one or another of its angles; and a photograph of a coin or fossil being seen as a cameo or as an intaglio, according as the position of the light affects the interpretation of its light and shadows. Again, I have before me two pieces of card, A and B, of similar form; when A is placed *above* B, the latter is unhesitatingly pronounced the larger; if their relative positions be reversed, A is pronounced, with equal conviction, to be the larger; yet, when one is laid *upon* the other, they are found to be precisely equal in size.

So, again, in those more complex combinations of natural objects which the pictorial artist aims to represent, the different modes in which the very same scene shall be treated, by two individuals working at the same time and from the same point of view, show how differently they interpret the same visual picture, according to their original constitution and subsequent training. As Carlyle says, "The eye sees what it brings the power to see."

But mental prepossessions do much more than this; they *produce* sensations having no objective reality. I do not here allude to those "subjective sensations" of physiologists which depend upon physical affections of nerves in their course, the circulation of poisoned blood in the brain (as in the delirium of fever), and the like; but I refer to the sensations produced by *mental expectancy*, a most fertile source of self-deception. The medical practitioner is familiar with these in the case of "hysterical" subjects; whose pains are as real experiences to them as if they originated in the parts to which they are re-

ferred. And I have no reason to doubt that the "sensitiveness" of Richenbach really saw the flames they described as issuing from magnets in the dark—as a very honest and highly-educated gentleman assured me that he did, not only when the magnet was there, but when he believed it to be still there (in the dark), after it had actually been withdrawn. So there are "sensitives" in whom the drawing of a magnet along the arm will produce a sensible *aura* or a pricking pain; and this will be equally excited by the belief that the magnet is being so used, when nothing whatever is done.

Medical News.

List of Graduates, Pulte Medical College Session 18[illegible]-76.

H. Harker, Cincinnati, O.; John W. Morris, Wheeling W. Va.; J. E. Kissell, Springfield, O.; W. C. Nelson, Hillsborough, O.; F. Park Lewis, Buffalo, N. Y.; J. Albro Eaton, Brooklyn, N. Y.; W. S. Mullins, Paris, Ill.; F. O. Clemmer, Dayton, O.; J. W. Clemmer, Dayton, O.; J. K. Webster, Dayton, O.; G. E. Brown, Lansing, Mich.; C. A Kiefer, Cincinnati, O.; Jas. A. Powell, Richmond, Ind.; Geo. Foster, Fort Hill, Ontario; M. M. Hampton, Richmond, Ind.; A. N. Ballard, Indianapolis Ind.; W. W. Russell, Phœnixville Pa.; R. L. Shoe, Dayton, O.; Thomas Ryall, Ashland, O.; Corwin Griffin, Greenwich, O.; W. H. Fisher, Paris, Mich.; W. L. Morgan, Indiana; E. M. Hunt, Covington, Ky.; J. F. Saxon, Salem, O.; O. J. Campbell, London, Ontario; J. S. Fisher, Bellefontaine, O.; O. H. Buck, Cincinnati, O.

The Annual Commencement of the Cleveland Homœopathic Hospital College.

The annual commencement of the Homœopathic Hospital College was held in the College Hall, No. 99 Prospect street,

February 16, in the presence of a large audience of interested spectators, composed of the Alumni of the College, undergraduates and friends of the graduating class. The names of the members of the class are as follows: Wm. H. Barr, Mrs. A. A. Darby, James D. Easton, C. A. Edgerton, Miss Adeline Eldred, O. E. Pratt, T. E. Robinson, R. L. Spencer, M. A. Todd, W. S. Todd, B. F. Williamson and W. Wohlgemuth, of New York; D. B. Stumpf, Ontario; L. G. Van Scoyer, Pennsylvania; A. F. Turner, N. K. Morris, Wisconsin; Lewis B. Bartlett, R. D. Boner, Ira W. Dishro, Russel Hathaway, Rudolph Heym, Miss S. A. Henderson, Russel H. Hurlburt, George M. Ireland, John Lafferty, George Lee, J. M. Rickets, H. C. Rogers, Albert Sheldon, H. A. Sherwood, Luther W. Smith, George W. Phiney, of Ohio; Arthur Cunningham, Walter Cunningham, J. W. Ferguson, J. B. Judson, C. S. Morley, Michigan; T. F. Johnson, Iowa. Total class, 38. Constantine Hering, of Philadelphia, Pennsylvania, was awarded the Honorary degree of Doctor of Medicine.

The valedictory address was delivered by Prof. Boynton. At the close of Dr. Boynton's address the distribution of prizes took place.

The first or clinical prize was awarded Mr. D. B. Stumpf, of Ontario. The second clinical prize was awarded to William H. Barr, of New York. The Schneider prizes, three in number, offered by Professor Schneider, were presented for the best examinations in all branches of medical instruction. The first prize was presented to Miss Adeline Eldred of New York. The second prize was awarded to Mr. N. K. Morris, of Wisconsin. The third prize was awarded to Mr. J. B. Judson, of Michigan.

Dr. Schneider announced that for the best essay on Surgery or "Diseases of the Joints," he would present a valuable prize to George Lee, and consisted of a case of surgical instruments of the value of $30. The "Sanders Prize" was presented to J. M. Rickets, of Ohio, Dr. Sanders making the presentation and stating that it was for the best examination in obstetrics and the best quizzes during the term.

W. B. Van Norman, M. D., has removed from Clyde, O., to Fremont, O.

DR. HOWE, of Montreal, in an elaborate article, tries to prove that brandy is the thing with which to cure lunatics. It produces them we know and hence is homœopathic to the disease. But Dr. Howe is a regular. How's this?

MISS SARAH M. LOGAN, who is said to be the first colored female student who has been graduated from any medical college in New York State, has just received a diploma from the college of medicine of the Syracuse University and has began practice in Washington.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.—Dr. J. H. Woodbury writes, "The school has been very successful this winter, numbering 172 students, of which about 35 will graduate. The prospects for the summer term are excellent. Our new hospital will be ready for occupancy the first of April, which will greatly increase our clinical advantages."

FROM SHEEPSKIN TO BUSKIN.—M. H. Parmelee, M. D., a distinguished homœopathic physician of Toledo, has thrown physic to the dogs and gone on to the stage with a flattering prospect of success.

CONTENTS.

J. P. GEPPERT, PR.